

# CSI/IDAA Dance Camp Student Information Form

Please fill in the following information neatly and completely and return as soon as possible. To help alleviate confusion on check-in date for you and for us, please turn in your completed Student Information Form by July 14.

## Student Information

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Emergency Phone \_\_\_\_\_

School of Dance \_\_\_\_\_ Teacher \_\_\_\_\_

Years of Training: Modern \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Tap \_\_\_\_\_

Please indicate your primary dance interest (1= First Choice/priority, 2 = second choice, etc.)

Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Modern \_\_\_\_\_ Tap \_\_\_\_\_

### Roommates Preferred

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(There are almost always three students to a room. If you do not indicate roommate preferences, roommates will be assigned to you by the camp)

## Release & Permissions Form

Please list any physical disabilities or allergies:

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Because we provide food during Dance Camp, please list any allergies or other relevant information that you feel we should be aware of:

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I give permission for my son/daughter to take the following prescription medication while at camp:

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(Please note: The camp is not able to supply your child with over-the-counter medications such as aspirin, cold medicine, etc., so please send these medications with your child if you feel they will be needed.)

Insurance Carrier	Policy Holder Name	Policy Number	Group Name
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**MEDICAL RELEASE:** (Applicants under 18 years of age only). I understand that I, as parent or guardian, will be contacted in the event of a medical emergency. The Director of CSI/IDAA Summer Dance Workshop or her appointed representative will sign for medical care only if it is the best judgment of the instructor and/or I cannot be reached. I authorize medical care under those circumstances. I certify that me son/daughter is in good health.

**WAIVER OF LIABILITY:** I agree that I will not hold the College of Southern Idaho, or any faculty member or employee of CSI liable for injuries sustained or illness contracted by my child while a student/participant at the Summer Dance Workshop. I further agree that I will not hold CSI or its employees responsible for the loss or damage of personal property during the camp.

**CONDUCT:** Students of the CSI/IDAA Summer Dance Workshop are expected to maintain the highest standards of conduct. This is closed campus. Unless the camp staff has written authorization from a parent or guardian authorizing the participant to leave the campus, no students will leave the campus unless accompanied by a dorm mother or an appointed chaperone. Students are expected to take excellent care of the facilities and equipment.

**Any student found in violation of our standards and rules, including the Dorm Rules, will be sent home. No refund of tuition/registration will be made.**

I hereby attest that the information contained in this application is correct to the best of my knowledge. In addition, I have read the policies and fee statement and agree to comply.

Date: \_\_\_\_\_ Name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

## CSI Photo Consent Release

I, \_\_\_\_\_ allow the College of Southern Idaho to use my image. This consent also extends to any persons or agencies employed by the College of Southern Idaho to use, re-use, publish or re-publish my image.

I understand that my image may be used in whole, in part, or in composite with or without my name for illustration, promotion, art, advertising, marketing, trade or any other purpose deemed necessary by the College of Southern Idaho.

I understand that my image may be used in, but not limited to, CSI Class Schedules, CSI Media guides, CSI catalogs, CSI Student Handbooks, CSI Student Viewbooks, CSI brochures and flyers, CSI Program brochures, CSI leaflets or posters, the CSI Web site, CSI advertising or CSI Public Service Announcements.

I waive any right to inspect or approve the finished product that may be used in conjunction with my image. I release the College of Southern Idaho, its Board of Trustees, its employees, and the State of Idaho from any liability in the use of my image, including claims of libel or invasion of privacy.

I understand and agree that no financial compensation is offered or expected now or in the future for the use of my image.

Subject's printed name \_\_\_\_\_

Subject's address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Photographer's name and signature \_\_\_\_\_

**Minor consent:** I am the father/mother/legal guardian of the above named subject and give permission for his/her image to be used:

Name of Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Send completed forms to:

Camille Barigar  
CSI Dance Camp  
PO Box 1238  
Twin Falls, ID 83303  
(208) 732-6288

If you have any questions, please contact Camille Barigar at (208) 732-6288 or at [cbarigar@csi.edu](mailto:cbarigar@csi.edu)