

Dancer Name: _____

Registration Packet Checklist – All Forms Due June 15, 2023**General Information:**

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_____ Page 3 Authorization of End of Program Custody & Housing Request

Medical Information:

_____ Page 4-5 Medical Information and Release of Claims

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_____ Pages 9 OI DF Policies & General Agreements

_____ Two copies of your health insurance card (attached)

Housing Forms:

_____ Page 11 Room and Board Agreement - Roommate request

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Completed registration packet and attachments may be returned via email to info@okdancefest.org.

Dancer Name: _____

DANCER CONTACT INFORMATION

Please print legibly and provide current contact information. If the dancer is under 18, OIDF will use the parent/guardian email and primary phone number for all communication.

Name: DOB:

Email: Male Female Mailing Address:

City: State: Zip: Primary Phone: Secondary Phone:

EMERGENCY CONTACT #1 or PARENT / GUARDIAN (if under 18)

Name:

Relationship to Dancer: Email:

Mailing Address (if different than above):

City: State: Zip: Primary Phone: Secondary Phone:

EMERGENCY CONTACT #2 or ALTERNATE PARENT / GUARDIAN (if under 18)

Name:

Relationship to Dancer: Email:

Primary Phone: Secondary Phone:

Dancer Name: _____

AUTHORIZATION FOR END OF PROGRAM CUSTODY (for participants under 18 ONLY)

We,

(Parents' / Guardians' names)

do consent for the following individual(s) to pick up our child at the conclusion of OI DF Summer Intensive by 11:00 a.m. Sunday, July 31, 2022.

1.

(Name) (Cell) (Relation to student)

2.

*(Name) (Cell) (Relation to student)**Parent / Guardian signature Date*** Check-out procedures apply to all OI DF Summer Intensive participants, regardless of age.***HOUSING REQUEST**

_____ I will stay in OI DF housing at the University of Central Oklahoma dormitories.

_____ I have alternate housing arrangements and will commute to and from OI DF.

COMMUTER STUDENT HOUSING INFORMATION

OI DF requires contact information regarding with whom and where commuter students are staying so that students may be notified of any changes or announcements during the course of the intensive.

Name of Housing Sponsor:

Relation to Student:

Physical Address:

City: _____ ST: _____ ZIP: _____

Housing Sponsor Primary Phone:

Dancer Name: _____

DANCER MEDICAL INFORMATION & RELEASE OF CLAIMS

Name:

DOB:

Age (as of July 2022): Primary Physician:

Student Type: OI DF Dorm @UCO Commuter

I/my child has the following:

Phone:

_Food Allergies _____ Dietary Restrictions _____ Medications _____ Other

Allergies _____ Other Medical Conditions

If you checked off any of the above options, please provide further details:

If needed, please attach additional information regarding allergies, conditions or medications.

Dancer Name: _____

INSURANCE INFORMATION (REQUIRED)**COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD ONTO A PAGE AND ATTACH TO THIS COMPLETED PACKET**

Name of Insurance Carrier: Policy #:

Subscriber's Full Name: Relation to dancer:

APPROVAL AND MEDICAL RELEASE (REQUIRED)

I personally, as the participating student or the parent or guardian of such student, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release Oklahoma International Dance Festival, their officers, representative, successor, and/or assigns for any and all damages which may be sustained or suffered by me in connection with my association with the above program, or any activities related thereto, including without limitation, my traveling to or participating in and returning from any activity associated with the program. The named participant is physically capable of participating in any activity associated with the program.

I hereby give my authorization to Oklahoma International Dance Festival to share any and all medical information and/or medical documents to treating medical authorities. It is understood that Oklahoma International Dance Festival will make every effort to contact me prior to the emergency treatment of the participant, but that treatment by a licensed physician or medical staff person of a licensed emergency room will not be withheld if I cannot be reached.

Signature of participant or parent/guardian (if under 18) Date

Dancer Name: _____

COVID WAIVER AND RELEASE (REQUIRED)

Oklahoma International Dance Festival's priority is the health and safety of our participants, staff, and communities. To reduce the potential risk of exposure to and transmission of COVID-19, all participants (or parent/guardians for those under 18) must complete and submit this Waiver and Release of Liability Agreement before participating (or allowing your child to participate if under 18) in the Oklahoma International Dance Festival Summer Intensive.

We also ask that OIDF participants adhere to all COVID-19 relative preventative measures in effect at the Oklahoma International Dance Festival. Thank you for your support in these measures to protect our participants, faculty, staff, and community at large.

NOTICE OF RISKS

OIDF has put in place measures to reduce the risk of contracting COVID-19 at the Festival, including implementing social distancing protocols, requiring non-vaccinated participants to wear a face covering when in shared spaces and/or within 6 feet of anyone else, and routine cleaning and disinfecting the premises. That said, given the evolving and unpredictable nature of the COVID-19 pandemic, OIDF cannot guarantee the safety of every individual that uses the Festival facilities. Any participation in OIDF may involve certain elements of risk, including, but not limited to, the contraction and spread of COVID-19 to you or your child and those with whom you or your child come in contact. You acknowledge that by participating in OIDF Summer Intensive 2022, you or your child may subject yourself or themselves to bodily injury, disease, strains, or other ailments that could cause serious disability, including but not limited to COVID-19 related symptoms and illnesses. If you or your child participates in OIDF Summer Intensive 2022, you knowingly assume the risk of injury or loss resulting from your own acts and/or the acts of third persons including OIDF employees and personnel, and other third parties. OIDF makes no representations, endorsements, or warranties of any kind regarding the COVID-19 pandemic, you or your child's participation in OIDF, and the testing or acts or omissions of others at the Festival.

Dancer Name: _____

WAIVER OF LIABILITY AND INFORMED CONSENT

By signing this form you or the Parent/Guardian will indemnify and hold harmless Oklahoma International Dance Festival from any and all claims, actions, and judgements including all cost defense and attorney's fees incurred in defending against same, arising from and related to you or your child's participation in Oklahoma International Dance Festival programs, including but not limited to, personal injuries, bodily injury, disease, strains, or other ailments that could cause serious disability, including but not limited to COVID-19 related symptoms and illness, whether to you or your child.

OIDF shall be entitled, in its reasonable discretion to settle claims prior to suit or judgement, and in such event Parent/Guardian shall indemnify and hold harmless OIDF for any such claims paid, including OIDF's reasonable attorney's fee incurred resulting for such claim. In the event either party files suit in a court of law to interpret or to enforce the terms of this Agreement, the party prevailing in such action shall be entitled, in addition to any legal fees incurred in defending against any claim, to its reasonable legal fees and cost incurred in such action to interpret or to enforce the terms of this Agreement. This Agreement shall be interpreted under the laws of the state of Oklahoma.

By completing and signing this form, I confirm to the Oklahoma International Dance Festival that my or my child's presence at OIDF programs will not knowingly put anyone at risk of exposure to COVID-19. I further recognize that the World Health Organization has declared a COVID-19 pandemic and that a national emergency has been declared related to the pandemic. I have read the Notice of Risks (above) and recognize, acknowledge and accept the health risks of participating in Oklahoma International Dance Festival programs.

Signature of participant or parent/guardian (if under 18) Date

Printed name of participant or parent/guardian (if under 18)

Participant Name – please print Participant Date of Birth

Dancer Name: _____

AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)

Reference: Title X O.S. (1974 Supp.) Section 107.1

I/We, the undersigned parent(s) or legal guardian of the minor (s) listed below:

Minor Name:

Birth Date:

Chronic Illnesses:

Date of Last Tetanus:

Allergies:

Do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by a physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific, of special consent of:

OKLAHOMA INTERNATIONAL DANCE FESTIVAL

The temporary Custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I/We authorize the physician or dentist. Or at a hospital licensed by the state of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, at his/her discretion. We further authorize said physician or dentist to exercise his/her/their discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor(s), and said physician or dentist, to exercise his/her/their best judgement as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall become effective on July 16th at 3:00 pm, and shall remain effective until July 31th, at 12:00 pm, unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care and control of said minor child or children.

Name of Minor(s) Private Physician:

Name of Nearest Relative (other than parent):

Phone Number:

Parent/Guardian Phone Number:

Dancer Name: _____

OIDF SUMMER INTENSIVE POLICIES

The Oklahoma International Dance Festival is dedicated to maintaining an environment that promotes artistic excellence in its participants. The Summer Intensive will adhere to the policies below, so learning and artistic opportunities may remain available to all dancers.

OIDF reserves the right to immediately dismiss any dancer whose attitude, attendance, work habits, conduct, behavior, relationships and/or interactions with fellow dancers and/or OIDF faculty and staff are deemed unacceptable.

Further, OIDF reserves the right to immediately dismiss any dancer whose conduct may be in violation of local, state, or federal laws. Boarding dancers are required to follow all regulations set forth by the organization and any violation will result in immediate dismissal from the Summer Intensive. Dancers dismissed from OIDF's Summer Intensive are required to travel at their own expense. No refunds of any kind will be given.

OIDF will not tolerate the presence of tobacco, illegal drugs, alcohol or the consumption of these substances at any time. No dancer shall harass or abuse any other person in word, deed or action. No dancer shall tamper with the personal property of others.

Dancers are expected to abide by any verbal or written policies made known to them during the Summer Intensive.

GENERAL AGREEMENTS – Please read and initial each statement.

_____ I have received Oklahoma International Dance Festival's Summer Intensive registration packet and understand the policies as outlined above.

_____ I agree to participate in all Summer Intensive classes, workshops, lectures, activities and sessions as indicated on the daily schedule. Exceptions will only be made in the case of injury or illness, require prior approval and must be documented by staff.

_____ I certify that the medical information given for the Summer Intensive dancer is a complete and accurate representation of the dancer's current medical condition.

_____ I understand that all refunds will be evaluated on a case-by-case basis at the Director's discretion. Refund requests after June 15, 2022 will not be considered.

_____ I understand that Summer Intensive participants are expected to adhere to all UCO dormitory and/or campus rules, which will be monitored and enforced by Summer Intensive faculty, staff and chaperones. Summer Intensive faculty and staff will follow minors on campus guidelines as defined by UCO.

Dancer Name: _____

_____ I understand neither OIDF nor UCO are responsible for personal property lost or stolen

_____ I understand that the use of illegal substances in any form will result in immediate expulsion from the program at my expense, with no refund of tuition, registration fee, or room and board fees.

_____ I give the Oklahoma International Dance Festival permission to use any film, video or still photography taken of me for promotional purposes for OIDF.

Signature of participant Date

Signature of parent/guardian (if under 18) Date

PROOF OF HEALTH INSURANCE

OIDF Summer Intensive requires that all participating dancers have health insurance. **COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD ONTO A PAGE AND ATTACH TO THIS COMPLETED PACKET**

_____ Yes, two copies of my insurance card are attached.

Dancer Name: _____

ROOM AND BOARD AGREEMENT – Complete if staying at OI DF Dormitory Housing at UCO

Dancers boarding at UCO must sign, along with their parent/guardian (if under 18), the Housing Rules and Regulations Contract. Additional housing information will be provided directly to you by UCO.

Housing:

University of Central Oklahoma Housing provides dormitory accommodations, supervised by OI DF approved chaperones. Summer Intensive participants should bring shower necessities in addition to other personal items. It is suggested that students keep electronic items to a minimum for security purposes.

Accountability:

Dancers must be accounted for at all times and must communicate their whereabouts to chaperones by observing Summer Intensive check in/check out procedures and policies. All Summer Intensive students will travel with chaperones at all times while on the UCO campus, adhering to minors on campus guidelines (for those under 18) as defined by UCO.

Guests:

No members of the opposite sex are allowed on dormitory halls, with the exception of parents / guardians during dorm check-in and check-out.

Behavior:

Dancers are expected to conduct themselves accordingly while staying on the UCO campus. Violation of OI DF rules and regulations or UCO rules regarding residence life or any laws of the State of Oklahoma (e.g. alcohol consumption, smoking, use of illegal substances) will result in immediate expulsion with no refunds of any kind.

Curfew and Room Check:

9:00 p.m. – Dancers on their own dorm floor

9:30 p.m. – Dancers in their own room

10:00 p.m. – Lights out

ROOMMATE REQUEST

I would like to share a room with _____

I have read and understand the above rules, regulations, and policies and agree to abide by them.

Signature of participant Date

Signature of parent/guardian (if under 18)

Date

Dancer Name: _____

COMMUTER PICK-UP RELEASE FORM (participants under 18)

While the program is in session all commuters will be under the supervision of OI DF chaperones and must adhere to all studio and UCO campus safety policies. OI DF chaperones will follow minors on campus guidelines as defined by the University of Central Oklahoma.

OI DF Drop-off & Pickup location: Mitchell Hall Theatre, located on the University of Central Oklahoma Campus one block north of 2nd Street at the northeast corner of University Drive and Main Street. Participants will sign-in each day prior to the start of classes.

Drop-off procedure: All commuter participants under 18 (unless self-driving) must be dropped off at the assigned OI DF Summer Intensive drop-off location no later than 20 minutes before the start of the first class block of the day.

Pick-up procedure: All commuter participants must be picked-up at the OI DF pick-up location no later than 15 minutes after the end of the final class block of the day. Commuters will only be released to those listed below (please include parent/guardian and current cell phone numbers). Please note OI DF staff will ask for ID of the person picking up your student prior to releasing them into their custody.

All participants under 18 must sign out with a OI DF staff member before leaving the UCO campus.

Please list all parents/guardians who may pick-up above named student:

1. *(Name) (Cell) (Relation to student)*

2. *(Name) (Cell) (Relation to student)*

3. *(Name) (Cell) (Relation to student)*

Signature of parent/guardian (if under 18) Date

Dancer Name: _____

COMMUTER – SELF-DRIVE PERMISSION (licensed students 16+)

I hereby grant permission for my child to transport himself/herself to and from Oklahoma International Dance Festival Summer Intensive.

I understand my child will be responsible for checking in and out of the program in accordance with OIHF policy, and that students must arrange their own campus parking.

Signature of parent/guardian (if under 18) Date

Dancer Name: _____

AIRLINE ARRIVAL/DEPARTURE FORM (participants flying into OKC 7/16/22 only)

Ground transportation to and from the UCO campus is available for participants flying into Oklahoma City Will Rogers Airport (shuttle service or taxi). Please notify OI DF at info@okdancefest.org if you need transportation information regarding the door-to-door shuttle available from the airport to the UCO Edmond campus.

OI DF requests international participants staying in OI DF/UCO housing schedule their arrival into OKC on July 16, 2022 no later than 1:00 p.m. OI DF/UCO dorm check-in will be from 12:00-3:00 p.m. on Saturday, July 16th.

Arrival Information:

Airline: _____ Flight #: _____ Arrival Time: _____

Departure Information:

Airline: _____ Flight #: _____ Arrival Time: _____