

# 2010 OHIO SCOTTISH ARTS SCHOOL

SATURDAY, JUNE 26 - FRIDAY, JULY 2, 2010

PLEASE NOTE: All Fees are U.S. Funds

## 2010 STUDENT FEES:

Resident Student (tuition, double room, breakfast, lunch and dinner, and fees).....	\$ 550.00
Day Student with meals - (tuition, no room, lunch and dinner, and fees) .....	\$ 450.00
Day Student without meals - (tuition, no room, no meals, and fees) .....	\$ 390.00

## ADDITIONAL FEES:

Dance Teacher Training.....	\$ 75.00
Single Room (Adults Only-subject to availability) .....	\$ 45.00
Early Check-in on Friday, June 25.....	\$ 40.00
Airport Transportation From Cleveland Hopkins Airport to Oberlin College on Fri., June 25 .....	\$ 37.00
Airport Transportation From Oberlin College to Cleveland Hopkins Airport on Fr., July 2 .....	\$ 37.00
Ohio Scottish Games Shuttle (Round Trip from Oberlin College to the Games) .....	\$ 15.00

## REGISTRATION INFORMATION

- The forms consist of the following 5 pages: 1-Registration, 2-Travel Plans and Transportation Release, 3-Waiver & Release, and Photo Release, 4-Health Form, and 5-Code of Conduct. **Failure to include all 5 pages will delay your registration.**
- **All registrations MUST include a deposit of \$125.** The deposit is applied to total fees.
- Make checks/money orders payable to **Scottish-American Cultural Society of Ohio, Inc. or SACSO, Inc.** We will also accept payments through PayPal. Send money to [pam@ohioscottishartsschool.com](mailto:pam@ohioscottishartsschool.com).
- An **NSF fee of \$25.00** will be assessed for any payment returned for non sufficient funds (NSF).
- Please inform us if you will be receiving a scholarship so that we may deduct that from your fees. Please have any Scholarship checks sent directly to the Registrar.
- **All registrations\* and payments are due by Friday, May 21, 2010. However, we will accept late registrations\* and payments until Friday, June 4, 2010 when they include a \$25 late fee. \*subject to availability**
- Please use proper postage (First Class Mail is approx. 61¢). **We are not responsible for late or misdirected mail.**
- **PLEASE WAIVE SIGNATURE REQUIRED** to prevent delay in delivery.

Send Completed Forms (ALL 5 PAGES), a copy of your medical card and Deposit to:

PAM KILPATRICK, OSAS REGISTRAR  
2750 JAMESTON DRIVE  
ROCKY RIVER, OH 44116-3649

## WITHDRAWAL/REFUND POLICY

- **If you are unable to attend for any reason, please call us as soon as possible.**
- Written notification received on or before **Friday, June 4, 2010** - Refund of any fees paid, less non-refundable \$125 deposit.
- Written notification received after **Friday, June 4, 2010** - No Refund. **NO EXCEPTIONS.**

## REGISTRATION CONFIRMATION

Once your registration is accepted, you will be either sent an email with a .pdf attachment or mailed a letter. It will include an invoice with your balance due. To ensure you receive this email, simply add [pam@ohioscottishartsschool.com](mailto:pam@ohioscottishartsschool.com) to your address book. **If you do not hear from us within 2 weeks, please contact us!**

## QUESTIONS, CONTACT US:

Debbie Doty, OSAS President/Director, [debbie@ohioscottishartsschool.com](mailto:debbie@ohioscottishartsschool.com) or 440-835-4157  
Pam Kilpatrick, OSAS VP/Registrar, [pam@ohioscottishartsschool.com](mailto:pam@ohioscottishartsschool.com) or 440-334-8767

# 2010 OHIO SCOTTISH ARTS SCHOOL HIGHLAND DANCING REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

First & Last Name: \_\_\_\_\_  Male  Female  
(as you would like it on your nametag)

Address: \_\_\_\_\_

City, State/Province, ZIP/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Parent's/Guardian's if student is under 18)

Residential Parent/Guardian Name(s): \_\_\_\_\_

If under 18 - Age on 6/25/10: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

If Adult (over 18) - Birthdate : \_\_\_\_\_ (year optional)

How did you hear about OSAS?  teacher  friend  family  OSAS website  
 Ohio Scottish Games  other \_\_\_\_\_

How long have you been dancing? \_\_\_\_\_ (must be filled in)

Competitive Level:  Beginner  Novice Will you move up before 6/25/10?:  Yes  No  
 Intermediate (when did you move up? \_\_\_\_\_ )  Premier

I wish to enroll as an Observer:

I wish to enroll in Teacher Training:  Highland  National (includes Hornpipe & Jig)

I am interested in taking the BATD exam:  Associate  Member  Highland  National

### ***THIS SECTION TO BE COMPLETED BY YOUR TEACHER:***

***Please check all the dances your student knows well:***

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Highland Fling             | <input type="checkbox"/> Strathspey & Half Tulloch | <input type="checkbox"/> Fancy            | <input type="checkbox"/> Blue Bonnets   |
| <input type="checkbox"/> Sword Dance                | <input type="checkbox"/> Hullachan Reel            | <input type="checkbox"/> Scottish Lilt    | <input type="checkbox"/> Earl of Errol  |
| <input type="checkbox"/> Seann Truibhas             | <input type="checkbox"/> Sailor's Hornpipe         | <input type="checkbox"/> Barracks, Johnny | <input type="checkbox"/> Village Maid   |
| <input type="checkbox"/> Strathspey & Highland Reel | <input type="checkbox"/> Irish Jig                 | <input type="checkbox"/> Highland Laddie  | <input type="checkbox"/> J.L. MacKenzie |

### ***Highest Highland Medal Test Passed:***

Bronze  Silver  Gold  Blue Riband  British Medallion  Premier Award

PLEASE PRINT

Teacher's Name: \_\_\_\_\_ Teacher's membership #: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Teacher Comments: \_\_\_\_\_

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Height: \_\_\_\_\_ *Used for photo placement*

Adult T-shirt size: S M L XL XXL

I will have a car on campus

**Housing Request:**

Single Room\* (*Adults only. Subject to availability*)

Double Room. I would like to room with:  
\_\_\_\_\_

I will be checking in on Fri., June 25th\*

I will be checking in on Sat., June 26th

**Transportation Request\*\*:**

I will need transportation from Cleveland Hopkins Airport to the Ohio Scottish Arts School, Oberlin College, Oberlin on Friday, June 25th.\*

I will need round trip transportation from the Ohio Scottish Arts School to the Ohio Scottish Games on Saturday, June 26th.\*

I will need transportation from the Ohio Scottish Arts School, Oberlin College, Oberlin, to Cleveland Hopkins Airport on Friday, July 2nd.\*

\*For an additional fee.

\*\*Please complete Transportation Release Form below

<b>Student Fees:</b>	\$ _____
<input type="checkbox"/> Resident: \$550	
<input type="checkbox"/> Day Student with meals: \$450	
<input type="checkbox"/> Day Student without meals: \$390	
<b>Additional Fees:</b>	
<input type="checkbox"/> Dance Teacher Training \$75:	_____
<input type="checkbox"/> Single Room fee \$45:	_____
<input type="checkbox"/> Early Check-in on Fri., 6/25 \$40:	_____
<input type="checkbox"/> Airport Transportation on Fri., 6/25 \$37:	_____
<input type="checkbox"/> Games Shuttle on Sat., 6/26 \$15:	_____
<input type="checkbox"/> Airport Transportation on Fri., 7/2 \$37:	_____
<input type="checkbox"/> Late Fee (after 5/21/10) \$25:	_____
Subtotal:	_____
Scholarship:	_____
<b>\$125 Deposit</b> ( <i>deduct from total</i> ):	_____
<b>Balance due by 5/21/10:</b>	\$ _____

**TRANSPORTATION RELEASE**

**PLEASE COMPLETE ONLY IF NEEDING TRANSPORTATION**

I understand that there is a **\$37.00 fee, each way**, for transportation to and from the Ohio Scottish Arts School and Cleveland Hopkins Airport. (Cab fare from the airport is approximately \$85.00.) I also understand there is a **\$15.00 fee** for transportation to and from the Ohio Scottish Arts School and the Ohio Scottish Games at the Lorain County Fairgrounds on Saturday, June 26, 2010.

\_\_\_\_\_ Date: \_\_\_\_\_

Participants' Signature (Parent/Guardian if participant is under 18)

**Traveler's Name:** \_\_\_\_\_

I understand that if I am traveling by air, I must arrive at Cleveland Hopkins Airport on **Friday, June 25, 2010 between 11:00 a.m. and 6:00 p.m.** to qualify for transportation to the Ohio Scottish Arts School.

**Arrival information:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Arriving from: \_\_\_\_\_

If I am departing by air, I understand that my reservation must be on **Friday, July 2, 2010 after 3:00p.m.** to qualify for transportation from Ohio Scottish Arts School to Cleveland Hopkins Airport.

**Departure information:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departing to: \_\_\_\_\_

## 2010 OHIO SCOTTISH ARTS SCHOOL WAIVER AND RELEASE

In consideration of your acceptance of (my/my child's) registration for the 2010 Ohio Scottish Arts School, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims that I may have to damages against The Scottish-American Cultural Society of Ohio, Inc. (SACSO, INC.), the Ohio Scottish Arts School of SACSO, INC., their agents, employees, trustees, directors, officers, attorneys, representatives, insurers, successors, and assigns, for any injuries which (I/my child) may suffer during the 2010 Ohio Scottish Arts School.

**I expressly agree for (myself/my child) to obey the Code of Conduct of the Ohio Scottish Arts School.** I understand that the Director and Instructors reserve the right to dismiss (me/my child) at any time for just cause, which includes but is not limited to, failure to comply with the Code of Conduct of the Ohio Scottish Arts School.

I represent to SACSO, INC. that (I am/my child is) trained and properly conditioned to undertake the physical demands that might be placed on (me/my child) in the course of the 2010 Ohio Scottish Arts School.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participants' Signature (Parent or Guardian if participant is under 18)      Date: \_\_\_\_\_

## PHOTO RELEASE

I hereby give my permission to The Scottish-American Cultural Society of Ohio, Inc. (SACSO, INC.) to take my photograph (or that of my child, if my child is enrolling and is under the age of 18 years) in connection with school-related activities while I am/my child is enrolled as a student in the Ohio Scottish Arts School of SACSO, INC.

My signature on the Photo Release further serves as a complete release and permission to SACSO, INC. to use any photograph taken of me/my child while I am/my child is enrolled as a student at the Ohio Scottish Arts School for SACSO, INC. publicity. Such use may include, but not limited to, publishing my/my child's photograph in print and broadcast promotional materials and using my/my child's photograph on the SACSO and/or Ohio Scottish Arts School website.

\_\_\_\_\_  
Participants' Signature (Parent or Guardian if participant is under 18)      Date: \_\_\_\_\_

# 2010 OHIO SCOTTISH ARTS SCHOOL

## CODE OF CONDUCT

1. All students (resident and day) MUST attend the Welcome Reception to be held at 8:00 p.m. on Saturday, June 26, 2010 in the South Hall Lobby.
2. All medication and the Medication Forms (for minor students-under the age of 18) must be given to the Director for safekeeping upon arrival or checking into the School.
3. Students may deposit pocket money and other valuables with the Director. OSAS WILL NOT ACCEPT LIABILITY FOR ANY MONEY OR OTHER VALUABLES LOST FROM DORMITORY ROOMS.
4. All students/staff are to wear their OSAS nametag to be visible at all times.
5. All visitors to OSAS must check-in with the Director to receive a Visitor's Badge.
6. No resident minor student may leave the Oberlin campus at any time except with the express permission of the Director.
7. **Minor students must be in the dormitory by 9:00 p.m.** Exceptions must be cleared in advance with the Director. A minor student leaving the dormitory after curfew will be subject to immediate dismissal.
8. Only registered students/staff are permitted in the building after 9:00 p.m.
9. In order to benefit from classes, students must get adequate rest. The following schedule of lights out will be enforced:
 

<b>Ages 10 - 13</b>	<b>9:30 p.m.</b>
<b>Ages 14 - 17</b>	<b>10:30 p.m.</b>
10. Noise in the dorm must be kept to a minimum after 9:00 p.m.
11. There will be no co-ed visitation permitted in the dorm other than designated areas. Any students violating this regulation will be subject to immediate dismissal.
12. Expenses for damages caused to the buildings or other property of Oberlin College by a participant in the OSAS will be charged to the person causing the damages. Anyone involved in damaging buildings or property of Oberlin College in any way will be subject to immediate dismissal.
13. Anyone not returning their room key or valadine card at check-out, will assume the \$50.00 fee that Oberlin College will charge OSAS.
14. Anyone not returning all Oberlin linen will assume the replacement fee that Oberlin College will charge OSAS.
15. The consumption of alcoholic beverages by any student under the age of twenty-one (21) will not be tolerated and will be grounds for immediate dismissal.
16. Adults are expected to limit their consumption of alcoholic beverages to their rooms and not in the presence of minors.
17. Evidence of substance abuse by any student will be grounds for immediate dismissal.
18. The Director reserves the right to search any minor student's room for evidence of alcoholic beverages and/or substance abuse at any time, without prior notice and/or student's presence in the room.
19. Smoking is not permitted in any building on the Oberlin College Campus. Any smoking must be limited to designated areas or outside. THERE IS NO SMOKING IN DORM ROOMS OR RESTROOM FACILITIES IN ANY DORMITORY.
20. Any student who is disruptive in class and/or interferes with other students' learning will be subject to immediate dismissal.
21. Any student who is disruptive outside of class will be subject to immediate dismissal.
22. Any form of sexual harassment will be grounds for immediate dismissal.
23. Any student engaged in behavior which violates the laws of the State of Ohio will be subject to immediate dismissal.
24. All participants of the OSAS shall adhere to the OSAS Code of Conduct and Oberlin College. A copy of the college rules will be provided. Failure to abide by any of these regulations may result in immediate dismissal.

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 Print Participant's Name

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 Participant's Signature

Date: \_\_\_\_\_

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 Parent or Guardian's Signature (if participant is under 18)

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 Date: \_\_\_\_\_

# 2010 OHIO SCOTTISH ARTS SCHOOL - HEALTH FORM

Please attach a copy of your child's Medical Insurance card to this form.

Name: \_\_\_\_\_ Birthdate : \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY TREATMENT: I hereby give permission to the medical personnel selected by SACSO, INC., its agents, volunteers, and employees to obtain medical or emergency care for (me/my child) if (I/he/she) become injured or ill during the 2010 Ohio Scottish Arts School. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SACSO, INC. to secure and administer treatment, including hospitalization, for my child as named above. I agree to reimburse SACSO, INC. for such medical or emergency care.

\_\_\_\_\_ Date: \_\_\_\_\_  
Participants' Signature (Parent or Guardian if participant is under 18)

I direct that in the event of a medical emergency, I/we be contacted as soon as practical at these phone numbers:

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_  
Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_  
Name: \_\_\_\_\_ Day: \_\_\_\_\_ Night: \_\_\_\_\_

**Please PRINT as many different telephone numbers as possible where a family member or friend can be reached in the event of an emergency. Two different day numbers and two different night numbers are important if there is no answer at the first one we try.**

I further agree to hold SACSO, INC., its agents, volunteers, and employees harmless for any claims that (I/my child) might have against it for administering any emergency first aid or other medical care.

## HEALTH AND MEDICAL INFORMATION

Do you (your child) have any of the following conditions? (please check if YES):

- ADD/ADHD
- OCD
- Behavior Problems
- Anemia
- Asthma
- Other Lung Disease
- Bed Wetting
- Frequent Urinary Infections
- Diabetes
- Ear Infections
- Tubes in Ears currently
- Eating Disorders
- Anorexia/Bulimia
- Obesity
- Epilepsy
- Grand Mal Seizures
- Absence Spells
- Hay Fever/Seasonal Allergies
- Heart Disease
- Hypertension
- Mental Health Concerns:  Anxiety Disorder  Depression  Bipolar Disorder
- Menstrual Concerns
- Sleep Talking
- Sleep Walking
- Sprains, Strains, Muscle, Bone or Joint problems
- Stomach problems
- Diarrhea
- Constipation

Please Explain: \_\_\_\_\_

\_\_\_\_\_

List and explain any chronic health or physical problems: \_\_\_\_\_

\_\_\_\_\_

List any special diet requirements: \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Physician's name: \_\_\_\_\_ phone number: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ phone number: \_\_\_\_\_

Orthodontist's/Specialist's name: \_\_\_\_\_ phone number: \_\_\_\_\_

**Allergies:**

- None Known
- Epi pen usage
- Insect/Bee Stings
  - Serious/Life threatening reaction
  - Localized swelling or redness at site
- Medication Allergies
  - Serious/Life threatening reaction
  - Hives, rash, diarrhea, other
  - Please list Med. Allergies: \_\_\_\_\_
- Food Allergies
  - Serious/Life threatening reaction
  - Cramps, diarrhea, hives
  - Please list Food Allergies: \_\_\_\_\_
- Other Allergies: \_\_\_\_\_

**Will any prescription/non-prescription medicine be sent with your child?  Yes  No**  
If yes, please complete the Medication Form and bring it with you to check-in.

**In case your child needs the following but did not bring it from home:**

Does your child have permission to take cough drops?  Yes  No

Does your child have permission to take: Tylenol, Ibuprofen or other Aspirin substitute?  Yes  No

# 2010 OHIO SCOTTISH ARTS SCHOOL

## MEDICATION GUIDELINES

Due to the increasing number of students taking medication, it is required that any **minor student** (under age 18) needing medication administered at OSAS to complete a medication form for each medication. Therefore it may be necessary to make copies of this form if more than one medication is needed.

**Please bring this form with you to check-in.**

Please note the following guidelines:

- Medication must be in its original container(s).
- No student is allowed to carry medication (with the exception of inhalers, epi-pens, which the parent has noted).
- All medication must be delivered to the Director upon arrival at OSAS as well as picked up by the parent at departure.
- Unused medication will be discarded 10 days after the end of OSAS if not claimed by a parent.

### MEDICATION FORM

Date:	
Student:	
Name of Medication:	
Dosage:	
Time(s) to be administered:	
Beginning date:	Ending date:
May carry an inhaler/epi-pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Any comments or concerns: \_\_\_\_\_

I hereby request that my child \_\_\_\_\_ be given the above named medication\*\* (as prescribed by Dr. \_\_\_\_\_). It is understood that SACSO, INC., its agents, volunteers, and employees are absolved from any responsibility, which might be associated with the administration of such medication. I will provide any and all medication in its original container supplied by the pharmacy.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Any non-prescription drug requires only a parent signature.

\*\*Any prescription drug requires both parent and physician signature.