



## WAVU SATURDAY SCHEDULE

8:00 AM	Student Check-in at Wyatt Center
9:00 – 9:30	Parent Welcome and Refreshments
9:30 – 11:00	Optional Parent Lecture on Talent Development
11:15 AM	Parents Depart
9:00 – 12:00	Morning Lab Session for Students
12:00 – 1:00	Student Lunch
1:00 – 3:30	Afternoon Lab Session
3:30 – 5:00	Recreational Activities
5:00 – 6:00	Student Dinner
6:00 – 8:00	Evening Lab Session
7:15 PM	Parents Return to Wyatt Center
7:30 – 8:00	Parents Attend Lab Open Houses
8:00 PM	Student Check-out Directly from Open House



## PROGRAM INFORMATION

**Arrival** – Check-in for WAVU begins at 8:00 am on Saturday, October 29, at Wyatt Center in the Atrium on Vanderbilt’s Peabody Campus. Driving directions to Wyatt Center can be found on the next page. Students must present themselves with a responsible adult at check-in.

**Cell phones** – Cell phones are allowed at WAVU, however they may not be used during class or organized recreational activities. Cell phones used at inappropriate times will be confiscated by staff and returned to students at departure.

**Medication** – WAVU staff do not administer or monitor student medications – prescribed or over the counter. Each student is responsible for his or her own medication.

**What to Bring** – Items students will need during the day may be kept in a backpack. It is advised that students pack light, as they will carry their belongings with them throughout the day. Students should wear casual school clothing (such as blue jeans and comfortable walking shoes). Lunch and dinner are provided for the students; they need not bring money, although they may want a small amount for snack machines. All materials for class are provided.

**Dietary, Health, or Mobility Restrictions** – Please contact the WAVU team ([john.m.girdler@vanderbilt.edu](mailto:john.m.girdler@vanderbilt.edu)) at least one week prior to WAVU to alert us to any student dietary, health, or mobility restrictions.

**Office Phone Number and Messages** – The WAVU cell number is (615) 498-7053. A PTY staff member will have the phone in his/her possession between the hours of 7:30 AM and 8:30 PM during the program.

**Open House and Campus Departure** – Parents are invited back to campus at 7:15 PM to attend their student’s laboratory Open House from 7:30 PM – 8:00 PM. Parents should return to the Wyatt Center Atrium, where they will be led to the classroom by WAVU staff. Following the Open House, parents/guardians (with a valid photo ID) listed on approved check-out list and will formally check out their student and depart at 8:00 PM.

**Disciplinary Action** – All students participating in the WAVU program are expected to uphold behavior and conduct standards appropriate for the academic/professional experience on Vanderbilt’s campus. Should a student’s behavior not be in accordance with expectations, dismissal from the program will be at the discretion of the director.

**Cancellation Policy** – Other than a program cancellation due to inclement weather, individual cancellations made before the tuition due date (October 14, 2016) will be eligible for a 100% tuition refund. After the tuition due date, no tuition refunds will be awarded. The application fee (\$35) is nonrefundable.

*Please note that all times are Central Standard Time.*



## PERMISSION & RELEASE

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### Student's Name

My child, the above-named student, desires to voluntarily participate in the Weekend Academy at Vanderbilt University (hereinafter WAVU) on Saturday, October 29, 2016. I expressly and voluntarily assume all risks of this activity on behalf of my child. I recognize that this activity may expose my child to some level of risk of injury. Notwithstanding these risks, I assume them by allowing my child to voluntarily participate in WAVU.

### Further, I hereby:

- agree that students will be participating in a program on the campus of Vanderbilt University (hereinafter VU). As a participant, the student will be supervised by VU staff. Students may also have access to on-campus recreational facilities and activities;
- understand that the activities for the sessions vary but may include the following: classroom instruction, lab experiments, organized recreational and athletic games, and free time to play during a break/lunch / classroom instruction, organized recreational and athletic games, board games and other campus events. These activities are assumed upon enrollment and participation in WAVU is at the risk and request of the student;
- agree that students are charged with knowing and abiding by WAVU policies as described in WAVU publications or as articulated by WAVU faculty/staff. Students who fail to follow WAVU policies may be asked to leave the program. If a student is asked to leave, his or her parent or legal guardian will be contacted. The parent or legal guardian must make immediate arrangements to remove the student from campus at the parent or legal guardian's expense. Students who are asked to leave will not receive a refund of tuition or other fees;
- understand that in the event of inclement weather, student and family safety is VU's primary concern. Should it be in the best interest of our students and families that we delay or cancel the WAVU program due to weather, VU staff will issue a timely statement to participants via email and also on the PTY website. If a cancellation is announced, tuition paid may be applied to a future program of the family's choosing, or if preferred, a tuition reimbursement may be issued. If, however, the program commences as planned, PTY will be unable to offer a refund to individual students unable to attend. As is the WAVU application policy, the \$35 application fee is nonrefundable, regardless of who cancels;
- understand that during WAVU, students may participate in off-campus fieldtrips. Students who are transported off-campus for activities will travel in Vanderbilt vehicles driven by WAVU staff, VU staff, or other hired designees. Students who are off-campus will conduct themselves at all times in accordance with WAVU policies. Students will be accompanied by WAVU staff, VU staff, or hired designees during trips;
- agree that Vanderbilt is not liable for lost, stolen or damaged personal articles. Vanderbilt is also not liable for any consequences of the student's actions including injury to persons and property, and I accept responsibility for reimbursement either to the injured party or to Vanderbilt for any damages sustained by them due to my child's actions;
- agree that, to the best of my knowledge, the information furnished by or on behalf of the student in connection with the student's participation in WAVU is correct and complete;
- give permission for the student to view movies that are rated G - PG 13, as well as in-class films and clips deemed to be of educational value, while participating in WAVU. I recognize that a VU staff member will approve these movies before they are shown in the classroom, auditorium, or other setting;



- agree that WAVU has the right to alter arrangements concerning the location, content, and instructor of the program if it deems such action is advisable;
- agree that if the student should suffer an injury or illness while participating in WAVU or any other activity associated with WAVU, I authorize the employees of VU to use their discretion to have my child treated at or transported to the nearest medical facility and I take full responsibility for that action;
- agree to be responsible for any losses including reasonable attorneys' fees and court costs resulting from my child's damage, vandalism, littering, or theft of VU property, property of a University community member or campus visitor, or any other property used during WAVU. Furthermore, I agree to indemnify Vanderbilt for any loss or damage to the premises, facilities, or equipment during WAVU;
- understand VU personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children's Service. In addition to external reporting, Vanderbilt has a mandatory internal child abuse reporting procedure. If a staff member has reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, they are to consult the program director, and Risk Management (615-936-0660 ), or report via the Vanderbilt compliance hotline at 866-783-2287 . The Tennessee Child Abuse reporting hotline number is 877-237-0004;
- agree, in consideration of Vanderbilt allowing my child to participate in WAVU, to hold harmless and indemnify Vanderbilt and its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my child, in consequence of any accident or injuries on the premises of Vanderbilt or in connection with the activity, except such liability or claim of liability as may result from gross or intentional negligence on the part of Vanderbilt. Said indemnification shall include, but not be limited to, court costs and attorneys' fees.

I (the undersigned parent/legal guardian) understand and agree to the preceding terms regarding the student's participation in WAVU. I further agree to abide by the rules and policies of this program. I certify that the student is capable of participating in WAVU and I grant permission for the student to participate in all planned activities.

**READ BEFORE SIGNING:**

By providing my signature, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by me or my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

\*\*The policies outlined in this document apply for Fall and Spring WAVU.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name



## MEDIA AND DATA RELEASE

**This form gives us permission to collect student data such as surveys/opinions/coursework for evaluative purposes. This form also gives us permission to take a photo of your student and post it to Facebook/Twitter/Instagram, etc., print it in a future catalog, or release it to a newspaper. Signing is optional.**

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Student's Name

This release is a standard media release used by Vanderbilt University (hereinafter VU) for any person participating in an on-campus program or activity where university staff or designees may take photos and/or record video of the participants. Weekend Academy at Vanderbilt staff often take photos of students, faculty, assistants, and other staff throughout each session for use in the slideshow, future Programs for Talented Youth (hereinafter PTY) catalogs, on our website or in other media as outlined below. By signing this release, you agree to allow your student to appear in such photos as well as any class, activity, and session photos.

- I authorize VU faculty, staff, the VU Media and Public Relations staff, other VU personnel and third party entities such as newspapers and television stations to make photographs or videos of me and or my child to exhibit, publish, televise, or otherwise show said photographs or videos for educational and related purposes and to permit others to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs or videos, though my name or my child's name will not be published.
- I further authorize members of the VU Media and Public Relations staff, other VU personnel, or 3<sup>rd</sup> party media groups, to make and publish photographs, videos, or written/audio accounts of me (or my child) in newspapers, magazines, other publications, television, motion pictures, Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same. I understand that there is a possibility that I (or my child) may be identifiable in these photographs, videos, or written/audio accounts. Often media outlets require that filmed participants names be published. I give permission for my name or my child's name to be given to the media.
- I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, or other showing of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televising, or other showing is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged.
- I further agree to allow VU to collect and evaluate student data such as surveys, opinions, and coursework for research/evaluative purposes. This information may be published. Students will not be identified by name and such data will be used to further understanding of teaching, learning, and gifted education.
- I understand that any third party entity contracted through VU may be provided access to student information for purposes of, including, but not limited to, systems management, program analytics, or program evaluation and review. VU releases personally identifiable information only if no alternative or reasonable option is present. WAVU does not share or release personally identifiable information for marketing or other purposes.



- I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my (or my child's) ability to participate in this activity. I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance of this authorization.
- I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health or other information.
- I understand that VU cannot protect me/my child from being photographed, videoed or potentially identified or named on social media sites, by others including students or their families.
- I understand that authorization for use at individual's request will not expire.
- I agree to release, hold harmless and indemnify Vanderbilt University and its representatives against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind that may at any time hereafter be made or brought by my child, by me or anyone on my behalf, or by any other person having a legal interest therein arising from or by reason of any and all known or unknown, foreseen and unforeseen uses.

**READ BEFORE SIGNING:**

By signing below, I acknowledge that I am 18 years of age or older. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims as defined by the listed agreements. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name



## AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, parent/legal guardian of,

\_\_\_\_\_

**Student's Name**

\_\_\_\_\_

**Student's Date of Birth**

an unemancipated minor, who is a participant in Weekend Academy at Vanderbilt University (WAVU), do hereby consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon on the medical staff of the Vanderbilt University Primary Care, Vanderbilt University Children's Hospital or other licensed medical care providers. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment, or hospital care which may be deemed advisable.

In addition, I consent to allow the physicians and staff involved in any such treatment to share medical findings regarding this student with WAVU program coordinators and staff. I further authorize Vanderbilt University (VU) staff to provide basic, topical first aid for physical ailments including but not limited to scraped knees or insect bites. Ingestible medicine is provided either with prior parent permission or in an emergency situation as deemed appropriate by medical personnel.

I also understand that WAVU does not staff medical professionals. WAVU and its staff are not responsible for overseeing student medical needs.

I further authorize VU staff to dispense non-prescription analgesics for minor medical problems such as headaches, etc.

READ BEFORE SIGNING:

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in any WAVU activity by my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

\*\*My signature indicates that I agree to the policies outlined in this document for Fall and Spring WAVU if my student participates in both.

\_\_\_\_\_

**Parent/Guardian's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent/Legal Guardian's Printed Name**



## STUDENT EMERGENCY AND MEDICAL INFORMATION

Please complete all information about your child’s health. A separate form indicating Consent to Treatment is also required for submission before a student is eligible to attend the program.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY (PAGES 1-4) IN ORDER FOR STUDENT TO ATTEND WAVU.**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender** (circle one) *Male* *Female*

### Primary Contact\*

\_\_\_\_\_  
Name Phone Email

### Secondary Contact

\_\_\_\_\_  
Name Phone Email

*\*Usually a parent, the primary contact is the first person we try to reach regarding the student. We attempt to get in touch with the secondary contact if the primary contact is not available.*

### Emergency Contact 1†

\_\_\_\_\_  
Name Phone Relationship

### Emergency Contact 2

\_\_\_\_\_  
Name Phone Relationship

*† In case of an emergency, please list individuals we can contact should the primary and secondary contacts not be available.*

### Authorized Pickup Information

Please list all the individuals who are allowed to pick up the student. We assume primary/secondary and emergency contacts listed are able to pick up the student. For all others, include name, phone number, and relationship to you/the student. Individuals picking up students should be prepared to show photo ID.

\_\_\_\_\_  
\_\_\_\_\_

### Legal Alert

List all information, such as legal custody, restraining orders, or other legal agreements that impact your child’s safety while attending.

\_\_\_\_\_  
\_\_\_\_\_



### Allergies

Consider items 1-4. Check all that apply and provide explanations where applicable.

1. \_\_\_\_\_ This student has no known allergies.

2. \_\_\_\_\_ This student is allergic to the following foods: \_\_\_\_\_

Causes anaphylaxis or other immediate reaction? (circle one) 

Yes	No
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If "Yes," describe the reaction and what is done to manage it: \_\_\_\_\_

3. \_\_\_\_\_ This student is allergic to the following medications: \_\_\_\_\_

Causes anaphylaxis or other immediate reaction? (circle one) 

Yes	No
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If "Yes," describe the reaction and what is done to manage it: \_\_\_\_\_

4. \_\_\_\_\_ This has other significant allergies: \_\_\_\_\_

Causes anaphylaxis or other immediate reaction? (circle one) 

Yes	No
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If "Yes," describe the reaction and what is done to manage it: \_\_\_\_\_

**Check all that apply to your student:**

- Asthma
- Heart Trouble
- Nose Bleeds
- Diabetes
- Seizures
- Fainting Spells

Please list and explain any condition that may require special care, diet, or restriction of activities for medical reasons.

**Does your child carry any of the following:**

- Epinephrine pen
- Inhaler
- Insulin
- Other

List medications that your child takes (for emergency purposes only):

Student's Physician:

Office Phone:



### **Insurance Information**

Parents/Guardians are financially responsible for healthcare costs. All students must have health insurance during their time at WAVU.

Insurance Carrier or Plan Name: \_\_\_\_\_  
Carrier Phone Number: \_\_\_\_\_  
Policy Holder's ID Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

*Attach a copy of your current insurance card*

<b>Front of Insurance Card</b>
<b>Back of Insurance Card</b>



## Dietary Restrictions

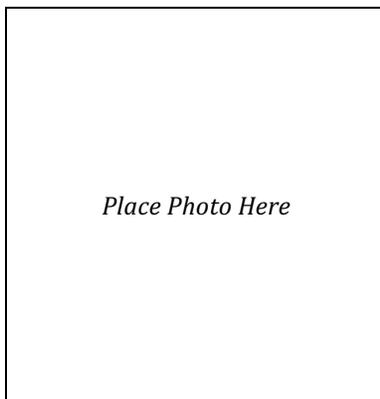
Please list any dietary restrictions your student will observe while at WAVU (such as vegetarian, vegan, gluten-free, kosher, halal, etc). Both meals in this program include a vegetarian menu option, which may contain dairy or egg.

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## Student Photo

Please attach a recent headshot of your student. This photo will **only** be seen by PTY staff to help us learn names and to identify students quickly should the need arise.



Moreover, I agree that my child has been fever-free and free of flu-like symptoms, without the aid of medication, for the past 48 hours prior to WAVU.

Note: Our staff needs prior notification of any dietary, health, or mobility restrictions. Please contact WAVU coordinator, John M. Girdler (john.m.girdler@vanderbilt.edu), at least one week prior to the program date if accommodations are needed.

I affirm that all information given is complete and accurate:

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*Parent/Legal Guardian's Signature*

*Date*