WAVU SCHEDULE

Day 1 – Saturday

9:30         Student Check-in at Wyatt Center
10:00 – 12:30 Morning Session
12:30 - 1:30 Lunch
1:30 – 4:00  Afternoon Session
4:00 – 5:45  Campus Tour
5:45 – 6:30  Dinner
6:30 – 8:00  Evening Session
8:00 – 9:30  Residential Recreation
9:30 – 9:45  Proctor Group Meeting
10:30        Lights Out at Scarritt-Bennett

Day 2 – Sunday

7:30 – 8:30  Breakfast at Scarritt-Bennett
8:30 – 9:00  Meet Proctors to Walk to Wyatt
9:00 – 12:00 Morning Session
12:00 – 1:00 Lunch
1:00 – 4:00  Afternoon Session
3:00 – 4:00  Parent Meeting in Wyatt Rotunda
STUDENT POLICY INFORMATION

Arrival – Check-in for WAVU begins at 9:30 am on Saturday, February 20, 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 residential 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.

Luggage – Luggage will be stored in a secure room in the Wyatt Center after student check-in. Students will not have access to luggage until 4:00 pm Saturday, and they will not have access to it during class on Sunday. All 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 luggage a short distance to the Scarritt-Bennett Center.

What To Bring – Students should bring casual school clothing (such as blue jeans and comfortable walking shoes), and personal toiletries. Bed linens and an alarm clock are provided with the housing accommodations. All meals are provided; students need not bring money, although they may want a small amount for snack machines.

Dietary, Heath, or Mobility Restrictions – Please contact the WAVU team (wavu.pty@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 office number is (615) 322-3173. Messages will be checked roughly every hour between the hours of 9:00 am and 10:00 pm Saturday and between 8:00 am and 4:00 pm on Sunday.

Parent Meeting and Campus Departure – A parent meeting, featuring an overview of the weekend and an opportunity to hear from your child’s course instructor, is scheduled for 3:15 pm on Sunday in the Wyatt Center Rotunda. Following the meeting, parents may meet students in the Wyatt Atrium and depart campus.

Please note that all times are Central Standard Time.
Student’s Name

My child, the above-named student, desires to voluntarily participate in the Weekend Academy at Vanderbilt University (hereinafter WAVU) from 10/24/2015 - 10/25/2015; 2/20/2016 - 2/21/2016. 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 residential 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 campus tour. 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.
• 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, residence hall, 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 Services. 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 hotline at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-004.

• 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 one calendar year beginning 8/1/2015 through 8/1/2016.

__________________________________________________________
Parent/Legal Guardian’s Signature ____________________________
Date

__________________________________________________________
Parent/Legal Guardian’s Printed Name

WAVU Permission & Release, p. 2 of 2
MEDIA AND DATA RELEASE

This form 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. We obscure any identifying material. Signing is optional.

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.

• I further authorize VU 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.

• I release any and all rights or claims for payment or royalties in connection with any exhibition, televiding, or other showing of these motion pictures, videotapes, or photographs, regardless of whether such exhibition, televiding, 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 in research papers and such data will be used to further understanding of teaching, learning, and gifted education.

• 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 already 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 the 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

WAVU Media Release, p. 1 of 1
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 Student Health Center, 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 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 on this document for one calendar year beginning 8/1/2015 through 8/1/2016.

___________________________________________
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

Look at 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

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

If “Yes,” describe the reaction and what is done to manage it: _______________________

4. _____ This student has other significant allergies: ___________________________

Causes anaphylaxis or other immediate reaction? (circle one) Yes No

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

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Dietary Restrictions

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

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 PTY admissions coordinator, Laura McLean (laura.mclean@vanderbilt.edu), at least one week prior to if accommodations are needed.

I affirm that all information given is complete and accurate:

Parent/Legal Guardian’s Signature                      Date