

TDHT 190-The New York Theatre and Dance Scene Application Summer Session July 3 – August 5, 2017

APPLICATION INSTRUCTIONS

TDHT 190 is open to all students (18 years and older). Carefully read this packet and return to Laura Jimenez in Galbraith Hall room 209 **no later than Friday, May 12th**. *Please note this course may fill up before May 12th it's on a first-come, first-served basis.*

This program offers TDHT 190 (4 units) and an independent study course - TDGE 199 (2-4 units). TDGE 199 is a research project you need to arrange the topic with Professor Nadine George-Graves. TDGE 199 is optional and requires additional tuition paid through Summer Session.

If you are approved for financial aid and would like to receive aid during the summer you must enroll in a minimum of 6 units. You can fulfill this requirement by taking both TDHT 190 and TDHT 199. You can apply for Summer Financial Aid the first week of May on TritonLink.

Complete the following information and return to Laura Jimenez to participate in TDHT 190:

1. Sign and complete 'TDHT 190-The New York Theatre and Dance Scene Application' on the next page
2. Attach a check or money order of **\$4,653***, payable to 'UC Regents'
3. Attach a copy front and back of your medical insurance card
4. Sign and complete the "Program Fees and Tuition" form
5. Sign and complete the "Waiver of liability, assumption of risk and indemnity" form
6. Sign and complete the "Theatre and Dance and Summer Session agreement" form
7. If you plan to enroll in TDHT 190 and TDGE 199 you must notify and arrange your TDGE 199 topic in advanced with Professor Nadine George-Graves

* subject to change

Once you submit the requested materials, your application will be reviewed then you will receive approval to enroll in the course.

Summer Session enrollment begins April 17th. You must enroll in TDHT 190 through WebReg and pay tuition and campus fess on TritonLink no later than **June 26th**.

1. STUDENT INFORMATION

UCSD Student ID# A_____

(Full legal name) Last First Middle

Current Address: City/State/Zip

Phone Number E-Mail Address

2. COURSES (July 3-August 5, 2017)

I plan to enroll in (check all that apply):

- TDHT 190-The New York Theatre and Dance Scene
- TDGE 199*-Independent Study

*Additional Summer Session tuition required for this course. Topic must be arranged in advanced with Nadine George-Graves

3. Do you have any physical limitations that may affect your participation in this program? Physical limitations include: difficulty walking up/down several flights of stairs, difficulty walking more than 2miles, etc. No___ Yes___

If yes, please describe your limitations:

4. Do you have any dietary restrictions that will affect your ability to participate in this program? No___ Yes___

If yes, please describe your special needs:

5. Insurance: You must have adequate medical insurance to participate. List your insurance card information below. A copy of your insurance/medical card front and back is also needed.

If you currently have UC SHIP insurance: Students enrolled in UC SHIP for Spring quarter have continued coverage for the Summer, up to the start of fall quarter. No action needed.

If you submitted a 2016/2017 SHIP waiver form: You should already have medical insurance through your parents', spouse or your own policy, make sure its still valid June-August 2017.

For more information about SHIP and/or to enroll in medical insurance contact UCSD Student Health Center, (858) 534-2123

Insurance Carrier Name Medical Record #

6. Emergency contact information: Name of person to be contacted in case of emergency:

First and last name Phone number Relationship

7. Signature and Date: I have read and understand the rules for the 2017 Summer Session TDHT 190 Program regarding enrollment and fees. I understand I am responsible for transportation to and from New York. I am also responsible for the course tuition fees to UCSD Summer Session.

Signature Date

AGREEMENT TO PAY ALL PROGRAM FEES AND TUITION UPON REGISTRATION

The Summer Session course TDHT 190-The New York Theatre and Dance Scene has an associated program fee of **\$4,653***. This fee pays for housing, tickets to various New York plays, museums and attractions seen during the course. It does not include transportation, meals or Summer Session tuition and campus based fees.

I understand I must pay the program fee of **\$4,653***, to participate in TDHT 190. Payment must be made by check or money order payable to "UC Regents." The check or money order needs to be delivered to Laura Jimenez in the Department of Theatre and Dance, Galbraith Hall, room 209 by 4pm on May 12, 2017. Please note the course may fill up before May 12th it's on a first-come, first-served basis.

I understand I must enroll through in TDHT 190 WebReg after being preauthorized by Laura. I also will pay all Summer Session fees by June 26.

After paying the program fee, I ***understand there will be no reimbursement, refund partial or complete, of the program fee*** of **\$4,653***, if I decide to drop TDHT 190-The New York Theatre and Dance Scene.

* subject to change

I have read and understand this document and accept this agreement form.

STUDENT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

AGREEMENT TO RELEASE THE DEPARTMENT OF THEATRE and DANCE, ITS FACULTY AND STAFF, AND AFFILIATED PROGRAMS FROM LIABILITY

1. I _____, voluntarily agree to participate in the University of California, San Diego (herein after (Name of Student Releasor) referred to as UCSD) Department of Theatre and Dance and Summer Session Program in New York (UCSD course TDHT 190-NY Theatre and Dance Scene) to be held from 3 July to 05 August, 2017.

2. I am aware that participation in the event/activity described above in Paragraph 1 may be hazardous. I also acknowledge that my participation in the event/activity is voluntary, and that I am participating with full knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my initials here: _____
(Initials of Student Releasor)

3. I accept all financial burdens for any physical mishaps, accidents, or medical conditions that may arise as a result of participating in the event/activity described in Paragraph 1, and agree that I, my assignees, heirs, legal representatives, distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, employees, or volunteers for costs related to medical or psychiatric treatment, emergency evacuation, or repatriation of my mortal remains. By signing this release form I _____ agree to accept all such potential financial burdens.
(Name of Student Releasor)

4. As consideration for being permitted by UCSD, through its authorized agent, or through one of its affiliated organizations, to participate in the event described above in Paragraph 1. I _____, hereby agree
(Name of Student Releasor) that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, or employees, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, guest or invitee, volunteer or contractor of UCSD or any of its affiliated organizations as a result of my participation in the event/activity described above in Paragraph 1. I further hereby release UCSD, any of their agents, officials, employees, volunteers, or affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the event/activity described above in Paragraph 1.

5. I accept all financial burdens for legal representation that I may require as a result of participating in the event/activity described in Paragraph 1, and I agree that I, _____, my assignees, heirs, legal representatives,
(Name of Student Releasor) distributees, and guardians will not make a claim against, sue, or attach the property of UCSD or any of its agents, officials, employees, or volunteers for legal costs related to or incurred as a result of my participation in the event/activity described in Paragraph 1.

6. I agree not to transport, buy, use, sell or otherwise engage in the traffic or consumption of illegal substances while participating in the event/activity in Paragraph 1. By placing my initials here, I agree to maintain U.S. Government standards of a Drug Free Work place while participating in the event/activity described in Paragraph 1

(Initials of Student Releasor)

7. The undersigned hereby authorizes the Regents of the University of California and their agents to photograph, videotape, audio record, televise, duplicate and/or transfer to any present or future technology images and/or recordings of _____ while a participant in the event/activity described in Paragraph 1. I
(Name of Student Releasor)

agree that the Regents of the University of California, its authorized agents, employees, and assignees may use the photographs, videotapes, and/or audio recording prepared there from, to reproduce, exhibit, publish, or distribute in such a manner as they deem fit. No compensation will be paid for this use.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UCSD AND/OR ITS AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF THEATRE and DANCE AND SUMMER SESSION. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Executed at _____, _____, _____, on _____,
2017.
(City) (State) (Country) (Month/Day)

STUDENT RELEASOR

(Print Name) _____ (Signature) _____

WITNESS

I certify that _____ acknowledged in my presence that _____ read and fully
(Name of student releasor) (She/He)
understood the meaning and consequences of the foregoing release, and signed it in my presence.

Executed at _____, _____, _____, on _____,
2017.
(City) (State) (Country) (Month/Day)

(Print Name of Witness)

(Signature of Witness)

(Typed or printed name and address)

Phone Number: () _____