

HOUSING FORMS

In addition to online registration, housing students must submit the following forms to Ballet 5:8 **no later than May 15**. *Housing forms are only due for those dancers registering for housing in the Ballet 5:8 provided housing, NOT for local/commuting students.* Paper forms can be submitted via email, fax or mail:

Email: schooloffice@ballet58.org

Fax: 708-840-3697

Mail: Ballet 5:8 Summer Intensive
11545 183rd Place, Suite 101
Orland Park, IL 60467

SUMMARY OF FORMS

Please take time to read the following information carefully.

1. Complete the Electronic Travel Form

All housing students must submit a completed Travel form regardless of whether they require assistance from Ballet 5:8 for travel!

The Travel Form is an **online form** and can be accessed by copying the following link into your web browser: <https://forms.gle/BvWcnob3Uk1NFHsf8>

2. Paper Forms - All Students

Paper forms include the following and must be printed, filled out, and returned via email or mail:

- Medical History Form
- Medical Release Form

Students under the age of 18 must additionally submit the following forms:

- Medication Release Form
- Physician's Release Form (to be completed by a medical professional)
- Permission to Leave Form

3. Provide Proof of Insurance - All Students

All students must provide a photo of the front and back of their health insurance ID card or other proof of health insurance. These photos can be mailed, faxed or attached to an email with the other paper forms.

PRINTING INSTRUCTIONS

The Travel Form is digital only and must be submitted via the link above.

The remaining paper forms on the following pages should be printed, filled out and returned by May 15. See page 1 for email and mailing address or fax number.

Medical History Form

This form is required for all students staying in Ballet 5:8 Summer Intensive housing, to inform Ballet 5:8 staff of any medical conditions that affect the student. Students who have no known conditions should also fill out the form and sign for our records.

Student Name: _____ Student Age: _____

- REQUIRED: Photocopy of current insurance card – attached with front and back of card.**
- REQUIRED: Photocopy of prescription card if separate from medical insurance card – attached.**

Check any items that have affected the student at the present time or within the past three years. It is imperative that you disclose as much information as possible so we can accommodate your dancer to the best of our ability.

- | | |
|---|---|
| <input type="checkbox"/> Carries an EpiPen | <input type="checkbox"/> History: hip pain/injury |
| <input type="checkbox"/> Diet: gluten free (medical/allergy/Celiac) | <input type="checkbox"/> History: ankle or foot pain/injury |
| <input type="checkbox"/> Diet: gluten free (elective/preference) | <input type="checkbox"/> History: other injury |
| <input type="checkbox"/> Diet: dairy intolerant (medical/allergy) | <input type="checkbox"/> History: anorexia |
| <input type="checkbox"/> Diet: dairy free (elective/preference) | <input type="checkbox"/> History: bulimia |
| <input type="checkbox"/> Diet: tree nut allergy | <input type="checkbox"/> History: disordered eating |
| <input type="checkbox"/> Diet: other nut allergy* | <input type="checkbox"/> History: low weight |
| <input type="checkbox"/> Diet: vegetarian | <input type="checkbox"/> History: depression |
| <input type="checkbox"/> Diet: no eggs | <input type="checkbox"/> History: anxiety/panic disorders |
| <input type="checkbox"/> Allergy: Penicillin | <input type="checkbox"/> History: bi-polar illness |
| <input type="checkbox"/> Allergy: Sulfonamides | <input type="checkbox"/> History: other mental illness |
| <input type="checkbox"/> Allergy: other | <input type="checkbox"/> History: problems related to menstrual cycles (females only) |
| <input type="checkbox"/> Serum sickness | <input type="checkbox"/> NO MEDICAL CONCERNS OR ALLERGIES |
| <input type="checkbox"/> History: fainting | |
| <input type="checkbox"/> History: back pain/injury | |

**Please explain on the back of this form.*

Please continue answers on the back of the form if applicable, or write NA -

1. Are any of the above severe or of particular concern this summer? If so explain:
2. Is the student under the care of a physician or taking medication for any of the above? If so explain:
3. For any allergies, elaborate on the proper course of action by the student and/or Ballet 5:8 staff in case of unintended exposure:

Agreement

I/we certify that the above information is correct and complete to the best of our knowledge. I/we agree that we will maintain communication with Ballet 5:8 staff throughout the intensive regarding any issues or updates pertaining to items on this form.

Student Signature: _____ Date: _____

Parent Signature*: _____ Date: _____

**Only required if student is a minor*

Medical Release Form

To be filled out for **all students** staying in Ballet 5:8 Summer Intensive housing, in case of an emergency where the student requires immediate medical attention. In the case of such an emergency, the Emergency Contact Person will be contacted immediately.

Provide photos of front and back of your insurance ID card with your housing forms

Emergency Contact Person

The person we call first in case of a medical emergency

Name: _____ Relationship to Student: _____

Primary Phone: _____ Alternate Phone: _____

Alternate Contact Person

Name: _____ Relationship to Student: _____

Primary Phone: _____ Alternate Phone: _____

Primary Physician at Home

Name: _____ Office Phone: _____

COVID - 19 Policy

- Housing students will be moved into a quarantine room or sent home depending on how long they are required to isolate and how long is left in their program. Situations are dealt with on a case by case basis.

Agreement

I/we agree to the treatment of the student (name printed above) as deemed necessary by the physician or emergency medical personnel attending a medical emergency or incident. I/we agree to abide by the COVID-19 policies of Ballet 5:8.

Student Signature: _____ Date: _____

Parent Signature*: _____ Date: _____

**Only required if student is a minor*

Medication Release Form

*This form is required for **all minors** staying in Ballet 5:8 Summer Intensive housing, in case they need to bring any form of medication with them. This includes over-the-counter medications such as Advil, ibuprofen, etc. commonly used by dancers to treat inflammation, and vitamins. Ballet 5:8 staff cannot dispense or provide medications of any kind, so students should bring anything they may need with them to the intensive. **Students who will have no medication with them should also fill out the form and sign for our records.***

Student Name: _____ Birth Date: _____

Please Check ONE option

_____ The student above will not be bringing ANY medications of any kind to the intensive.

_____ The student above has permission to keep in his/her possession the following medications (please list all medications, including Ibuprofen, Acetaminophen, Asthma Inhaler, EpiPen, Benadryl, Dayquil, or other antihistamine, supplements of any kind, and any other prescription medications). *Please continue on the back of this form if needed:*

Medication:

Reason for Medication:

Appropriate Dosage/Time/Day:

Medication:

Reason for Medication:

Appropriate Dosage/Time/Day:

Agreement

I understand that all student medications brought to Summer Intensive housing must be listed here. Students with medications must be able to manage their own medications, including safe administration. Ballet 5:8 staff members are not responsible to assist students with medication or administration. Students may not under any circumstances share medications of any kind with other students at the Intensives. All student medications brought to Intensives must be clearly labeled, in their original packaging.

Parent Signature: _____ Date: _____

Physician's Release

To be filled out by a medical professional for all students under the age of 18.

Student Name: _____ Birth Date: _____

The student above wishes to participate in Ballet 5:8's Summer Intensive, a physically demanding and highly athletic ballet training program. Please fill out this form to confirm that the student above is in good health and, in your opinion, reasonably able to complete the program. The student may attend for 1-6 weeks, depending on the program segment; attendance requires completing a range of demanding physical activity for 5-7 hours per day, five days per week during the program.

Question 1

Are you confident that the student above is in good overall health and is reasonably able to participate in the activities described above?

YES/NO (if no, explain)

Question 2

Does the student above have any medical conditions or health concerns that could affect his/her ability to safely participate in the activities described above? Please include prior injuries or medical conditions, allergies or dietary restrictions of any kind, problems with an eating disorder, feminine concerns, etc:

YES/NO (if yes, explain)

Healthcare Provider Name/Title: _____

Practice Name, Address and Phone Number: _____

Authorized Signature

_____ Date: _____

Permission to Leave

This Permission to Leave form is required for all housing students under the age of 18. Even with a Permission to Leave form on file, students must request permission from and notify their RA before leaving housing.

Student Name: _____ Student Age: _____

Parent Name: _____

Approved Persons

The student (name printed above) has permission to leave Ballet 5:8 housing with the following approved persons (other than parents - such as a family friend). For each approved person please include a name, phone number and a description of the relationship between the student and the approved person.

- 1.
- 2.
- 3.
- 4.

___ No approved persons - the student should not leave Ballet 5:8 housing with anyone other than parents.

Parent Signature: _____ Date: _____

Agreement

Only to be signed for students who have permission to leave.

By signing this form, I (parent name printed above), give the student (name printed above) permission to temporarily leave Ballet 5:8 housing during Summer Intensives. We both understand that students are required to abide by Ballet 5:8 policies when leaving the supervision of Ballet 5:8 staff, particularly, notifying a Ballet 5:8 staff member where you plan to go, with who, and what the anticipated time frame is and checking out with Ballet 5:8 staff before leaving. We also understand that Ballet 5:8 staff reserves the right to deny permission to leave for any reason. Finally, we both understand that Ballet 5:8 is not responsible for any student injury and loss, and any other liability incurred by the student at any time, including while having left the premises, and that Ballet 5:8 and Ballet 5:8 staff members, counselors/chaperones, and volunteers are not responsible to provide transportation to students leaving the Ballet 5:8 housing campus.

Parent Signature: _____ Date: _____