

**Please follow directions and check carefully for completeness and all needed signatures!**

**No student will be allowed to attend the TAG program if these required forms are not completed and returned to the TAG office.**

- Complete all forms in **BLUE** ink to assist office in verifying original signatures.
- Check to make sure every blank is completed!
- The **Consent and Release Form** must be signed by both applicant and parent/guardian; make a copy to keep for home reference.
- The **Housing Contract** must be signed by both applicant and parent/guardian; make a copy to keep for home reference.
- The **Behavior Contract** must be signed by both applicant and parent/guardian; make a copy to keep for home reference.
- The **Authorization for Medical Treatment** must be signed by parent/guardian and all blanks must filled in and boxes on left margin initialed.
- A copy of your health insurance card, if insured (front and back)

**All 2012 TAG students are required to have proof of meningitis immunization as outlined below.**

**Vaccination Requirement**

Effective January 1, 2012, Texas law requires that all new students under the age of 30 must provide documentation to the Health Center demonstrating that they have been vaccinated against Bacterial Meningitis within the past 5 years." SMU requires students to submit this proof 10 days prior to the first class day. The SMU Student Health Center ([www.smu.edu/HealthCenter](http://www.smu.edu/HealthCenter)) has the bacterial meningitis vaccination available for a cost; you may make an appointment by calling 214-768-2141, or you can visit the Health Center's immunization clinic anytime from 9-11 a.m. and 1:30-3:30 on Wednesdays. You may also obtain a meningitis immunization at your doctor's office, a local pharmacy which provides immunizations, or the county health department. Otherwise, a conscientious exemption form may be obtained by completing a request for the form online at: <https://webds.dshs.state.tx.us/immco/affidavit.shtm>. We do not wish to discourage anyone from enrolling, so should you be applying and registering less than 10 days prior to the first day of class, please call the GSI office, 214-768-0123, to discuss options.

The SMU Health Center, <http://smu.edu/healthcenter/>, requires that a form, <http://smu.edu/healthcenter/medical/healthhistory/>, be filed with them prior to allowing a student to enroll. Please submit your 2-page Health Form and immunization record directly to the Health Center. You can use email ([healthcenter@smu.edu](mailto:healthcenter@smu.edu)), fax (214-768-2151) or postal mail (SMU Memorial Health Center, P.O. Box 750195, Dallas TX 75272-0195).

**Complete each blank, sign each form, and submit all forms to the TAG office.**

**PLEASE USE BLUE INK FOR ALL SIGNATURES****PARENT/GUARDIAN SIGNS  
IF STUDENT IS YOUNGER THAN 18 YEARS OF AGE****PUBLICATION CONSENT AND RELEASE OF LIABILITY FORM  
(PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING)**

I, \_\_\_\_\_, the parent/guardian of a student enrolled at Southern Methodist University ("SMU"), hereby acknowledge that I freely and voluntarily agree to give SMU and its agents or employees the absolute right and permission to photograph and publish, or cause to be published, at any time in the future, photographs, video-tapes, or other media that contain my child's likeness, in whole or in part and with or without my child's name, in the context of any SMU-related event for any SMU-related editorial, promotional, educational, advertising, or trade purposes. In consideration for SMU allowing my child to participate in the event and/or witness any such photographing, video-taping or other media production and for other good and valuable consideration, receipt of which I acknowledge, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least 18 years of age and that I am competent to sign this affirmation and release.

I EXPRESSLY AGREE AND INTEND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH ANY PHOTOGRAPHING, VIDEO-TAPING OR FUTURE PUBLICATION OF MY CHILD'S LIKENESS IN THE CONTEXT OF AN SMU-RELATED EVENT, WHETHER FROM ACTS OR ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS DEMANDS, ACTIONS OR CAUSES OF ACTION.

The laws of the State of Texas govern and construe the terms of this Release of Liability. I agree that exclusive venue for any dispute that may arise between SMU and me involving this Release of Liability in any way shall be Dallas County, Texas.

ACCEPTED AND AGREED:

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

Parent's/Guardian's Signature

\_\_\_\_\_ SMU ID \_\_\_\_\_

Student's Printed Name

\_\_\_\_\_  
Student's Address

**Please use BLUE ink for all signatures.  
Keep a copy for your records**

**1. Parties and Agreements:**

This contract is an agreement between Southern Methodist University's Talented and Gifted program and the Student and his/her Parent(s), Guardian(s), or other Guarantor.

**2. Cancellation of Student in Housing or Program:**

If the student changes his/her status of housing while in the Talented and Gifted program or withdraws voluntarily from the program, room and board fees cannot be returned.

**3. Dismissal of Student From Program:**

If the student is asked to leave the Talented and Gifted program based on violations of the rules or regulations set forth in this contract or the Behavior Contract, room and board fees cannot be returned.

**4. Assignment to Rooms:**

SMU-Talented and Gifted program has a heterogeneous population with students coming from a variety of backgrounds, beliefs, nationalities and ethnic cultures. Roommates are not assigned or reassigned according to race, religion, or creed.

What is your favorite kind of music? \_\_\_\_\_

How many hours of sleep do you need on a school night? \_\_\_\_\_ How neat are you? Rate yourself from 1 (messy) to 10 (very neat). \_\_\_\_\_

**List 3 hobbies or interests:**

- a.
- b.
- c.

If you are requesting a specific roommate, please provide the student's name.

Preferred Roommate's Name

\_\_\_\_\_

**Written requests must be received from both students before requests can be honored.**

Has this person agreed to be your roommate?  Yes  No

**5. Right of Entry:**

The University reserves the right to enter students' rooms at times convenient to its staff for purposes of inspection, verification of occupancy, policy enforcement, safety, health, maintenance, or to reclaim University property.

**6. University Regulations:**

**Personal Property:** The student agrees to comply with all University fire and safety regulations. Items allowed in the residence hall rooms include irons, radios, and small (watt usage) portable electrical equipment. Weapons, fireworks, food preparation devices, and bicycles are not allowed in the residence hall. Electronic equipment is allowed, but neither the Talented and Gifted Program nor the University assumes responsibility for any personal property.

**Care of Space, Room and Hall:** The student is responsible for the condition and cleanliness of the room and all furnishings that are assigned to him/her. Damages within multiple-occupancy student rooms are the responsibility of all students assigned to them if individual responsibility cannot be determined.

**Damage Charges:** The student shall pay replacement cost including labor for damages which are beyond reasonable wear and tear. Adhesives, tacks, etc. are not to be used on any surface except where bulletin or tack boards are provided. Damage to common areas of the residence hall will be charged on a pro rata basis to residents of the hall or unit. Damage charges will be collected from the student when the damage occurs or billed to the parent(s)/guardian(s).

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CONTRACT. MY SIGNATURE INDICATES THIS UNDERSTANDING AND MY AGREEMENT TO COMPLY WITH THE RULES AND REGULATIONS STATED WITHIN THIS DOCUMENT.

_____	_____	_____	_____
Student Name (printed)	2011-12 Grade Level	Student Signature	Date
_____		_____	
Parent, Guardian, or other Guarantor's Signature		Date	

I previously attended TAG in '10 '11 \_\_\_\_\_  
Please list previous roommate's names.

- • PARENTS, KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS. REVIEW CAREFULLY BEFORE SIGNING. • •

## Student Rules and Regulations

### Honor Code and Personal Behavior

As a TAG student you are expected to demonstrate high standards of personal behavior both on and off campus and to accept personal responsibility for your conduct and any consequences for mistakes, accidental or intentional. You are expected to maintain honesty, truthfulness, fairness, civility, and courteous concern for and toward others both in and outside of the classroom.

It is an honor and privilege to attend TAG. With privilege comes responsibility. It is your responsibility to make the experience not only a positive one for yourself — but also for all of those people with whom you work and play.

We want the atmosphere of TAG to be one of trust and confidence. We want TAG students, RA's, administrators and faculty members to become, in a very special three-week period, a close family of friends and scholars who support one another with genuine respect for feelings, attitudes, thoughts, differences, and similarities.

TAG not only offers you a chance to grow intellectually, but it also offers you an opportunity to form new friendships. At TAG you can encounter new, challenging ideas and at the same time strengthen your own individual beliefs and sense of self.

To accomplish a community of trust and "family" in three short weeks, we count on each person contributing his or her best effort towards this goal. We want TAG students to earn the reputation as the "best-behaved" and friendliest group on campus.

### We expect all TAG students and personnel:

- to demonstrate respect for and friendliness toward every person you meet—whether an SMU student crossing campus, a teacher, a fellow TAG student, a participant attending a different camp, a cafeteria worker, or an adult attending a business seminar.
- to demonstrate a very high regard for all property and the entire SMU campus environment—we expect no littering, vandalism, graffiti, or misuse of grounds or property. Dormitories, the dining room, classrooms, grounds, and other facilities and equipment should be used respectfully and kept clean at all times. You must pay for any damage caused by your conduct. An assessment of the condition of your personal room and common areas will be made before you arrive and after you depart. Damage assessments may be made to individuals or to the group. Inappropriate behavior or violation of rules will be reported to the Residence Hall Director and/or the TAG Director. They each maintain the right to dismiss a student from the residence hall and/or program on the basis of inappropriate behavior.
- to behave like guests on campus. Please remember that adult conferences, regular SMU college classes, and other youth groups share the campus with us. You would not want guests in your own home to behave rudely or without respect for your personal rights, furniture, stereo, or other belongings. The same holds true for SMU, our host for TAG. We ask that you respect the rights of other people and the University.

### Residence Hall/Campus Rules: (Our rules are firm and clearly stated because of the campus environment and the large number of students).

- Respect and follow the directions of RA's, TA's, faculty members, and other SMU staff and supervisors.
- Common sense, respect, and consideration for others and their property should be practiced daily.
- The TAG program prohibits bullying in any form. Bullying is the systematic and chronic infliction of physical hurt or psychological distress on another person. Bully might include hazing, threats, taunting, teasing, confinement, assault, extortion, destruction of property, theft of valued possessions, ridicule, name calling, rumor spreading, slurs, jokes, innuendos, demeaning comments, and ostracism of another person. Bullying behavior includes, but is not limited to: any threatening, insulting, or dehumanizing gesture that has the potential to create an intimidating, hostile, or offensive educational environment or cause long term damage; cause discomfort or humiliation; or unreasonably interfere with the individual's performance or participation.
- Profanity, cursing and/or offensive words or symbols in speech, in writing, or on clothing are not permitted.
- SMU is a "smoke-free" campus. Use of tobacco products (smoking or otherwise) at any time is prohibited.
- The use or possession of alcoholic beverages and/or illegal drugs is prohibited and will result in immediate dismissal from the program.

- Gambling is prohibited.
- To ensure participant safety, students **MUST NOT LEAVE CAMPUS** without supervision by SMU adult personnel.
- Students are expected to remain on the SMU campus for the entire duration of the program. Off campus trips are limited to planned camp activities. Parents should communicate with campers via mail, email, or phone. Please make arrangements for this prior to the opening of TAG.
- If a male and a female (or any number of males and females) are together in a room, they must be in clear view, the door must be completely open, and the lights must be on.
- No pets of any kind are allowed.
- Tampering with fire equipment or causing damage to University property may result in immediate dismissal from the residence hall and/or from the program.
- All students must be on their own hallways and in their own RA groups as directed by the residence hall staff.
- Quiet hours will be observed from 10:00 PM until 7:00 AM. At 11:00 PM students must be in bed with lights out.
- No incoming or outgoing telephone calls are permitted after 10:00 PM. (If it is necessary for parents and students to communicate after 10 PM, please contact the Residence Hall Director.)
- All students must sleep in their assigned dorm rooms each night.
- Students may not leave the dorm before 7:00 AM.
- Students must obey all Texas state and U.S. federal laws.
- Students must follow additional guidelines presented at the start of the program by the RA's and any rules deemed necessary at any other time during the program.

**Student Grievance**

Student grievance with the Talented and Gifted Program, or employees thereof, shall be brought to the attention of the Director of the program who shall attempt to resolve the grievance(s). Any disputes, violations, or infractions beyond this will be referred for ultimate resolution to the Dean of the School of Education and Human Development whose judgment shall be subject to review only by the President of the University. Your signature on this document indicates consent to these terms.

**Academic Discipline**

Students who are awarded places in TAG classes are expected to work to the best of their abilities. If a student's classroom work is unsatisfactory, s/he will first work with the instructor to resolve the situation. If academic problems persist, a conference will be scheduled involving the student, his or her instructor, and the TAG Director. The student should request a conference if he/she feels it is needed, or faculty or staff may initiate the conference. In the case of continuing academic difficulties, the TAG Director will notify the student's parents to discuss solutions. TAG reserves the right to dismiss a student for lack of effort or for disruptive behavior in class.

**Student Contract:**

I acknowledge that I have read and I understand the contents of this contract. My signature indicates this understanding and my agreement to comply with the rules and regulations stated within this document.

Student \_\_\_\_\_ Date \_\_\_\_\_

**Parent Contract:**

I understand and support the rules and regulations of SMU/TAG.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Please use BLUE ink for all signatures and initials.

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Please make a copy of your insurance card and attach to application and supply insurance information: Company name, policy #, group #, and name of insured. \_\_\_\_\_

Please identify all known allergies of student to drugs, foods, insect bites, etc., and the nature of his/her reaction. (If none, put N/A.) \_\_\_\_\_

List all medication currently prescribed, taken regularly in the last year, or needed for any condition which he/she might have; please give the reason for its use. (If none, put N/A.) \_\_\_\_\_

Provide information on any other health matter that might influence student performance or participation. \_\_\_\_\_

Please sign below to provide consent for emergency medical treatment. ( Please note that program staff are not trained medical professionals and may not be able to help if a serious accident or illness occurs.) I hereby authorize SMU to provide, at my expense, any and all necessary emergency medical care required for my child, \_\_\_\_\_, while in SMU's custody during the Talented and Gifted Program 2012. This authorization does \_\_\_\_\_ does not \_\_\_\_\_ (check one) authorize blood or blood products to be provided to my child.

Please note preferred facility for non-emergency care \_\_\_\_\_

RELEASE OF LIABILITY FOR SMU TALENTED AND GIFTED STUDENTS PROGRAM  
(please read carefully before signing)

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ ("my child"), a student enrolled in the Talented and Gifted Students Program ("TAG"), at Southern Methodist University ("SMU"), hereby acknowledge that I have freely and voluntarily allowed my child to enroll in the course and activities of TAG during the summer of 2012 ("Program"). I understand and agree that the Program is designed to enhance my child's educational experience, and that my child's participation in the Program is voluntary and is undertaken by my child at his/her own risk. I have allowed my child to participate in the Program, understanding that I would be required to sign this Release of Liability. In consideration for SMU allowing my child to participate in the Program, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns, legal representatives, and any other person claiming under or through me. I further represent that I am at least 18 years of age or older and competent to sign this affirmation and release.

I understand and agree that transportation for the Program has been arranged by SMU for my child. I further understand that my decision to accept transportation for my child for the Program is completely voluntary and that I am not required to accept such transportation for my child, that I may arrange alternate transportation for my child, providing my own insurance, if I wish. I UNDERSTAND AND EXPRESSLY AGREE THAT BY VOLUNTARILY ACCEPTING TRANSPORTATION WHICH IS ARRANGED BY SMU FOR THE PROGRAM, I ASSUME THE RISKS INHERENT IN ACCEPTING TRANSPORTATION PROVIDED BY ANOTHER WHICH INCLUDE BUT ARE NOT LIMITED TO, INJURY OR FATALITY, AND OR PROPERTY LOSS, AND THAT NO INSURANCE MAY EXIST THROUGH SMU TO COVER ANY CLAIMS OR DAMAGES WHICH MAY ARISE OUT OF MY ACCEPTANCE OF SUCH TRANSPORTATION OR MY PARTICIPATION IN THE PROGRAM.

I fully understand and agree that certain aspects of the Program could be physically and emotionally demanding and that by participating in the Program, risks of accidental or other physical and/or emotional injury exist. These risks may include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to (a) travel, and/or (b) the condition of facilities and location in which portions of the Program may occur which are not under the control and maintenance of SMU; (3) physical exertion; (4) inclement weather; (5) emotional or psychological stress; (6) animal or insect bites; (7) exposure to outdoor terrain and all the risks inherent therein, including slips, falls, and falling objects; (8) work with tools and hardware; (9) outdoor activities, which may include, but are not limited to, swimming, ice-skating, in-line skating, volleyball, baseball, and use of the Dedman Center gym; and (10) suffering illness or injury while away from home; among others. I have fully investigated the nature of the Program and I understand and assume the risks of my child's participation in the Program. I further represent that I have made the Program Coordinator aware of any mental or physical disabilities of my child, if any, and have asked for and received reasonable accommodation to allow my child's participation in the Program. I have advised my child to inform the Program Coordinator at any point when my child questions his/her ability to participate in the Program.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE PROGRAM AND MY CHILD'S ACCEPTANCE OF TRANSPORTATION, RELATED TO THE PROGRAM AND ARRANGED BY SMU, IS TRANSPORTATION WHICH MY CHILD USES VOLUNTARILY AND AT HIS/HER OWN RISK, AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE PROGRAM, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY CHILD'S PART, OR THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS OF AND FROM ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION, INCLUDING ATTORNEY'S FEES, COUNSEL TO BE CHOSEN BY SMU.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. Should any term or provision of this Release of Liability be found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

ACCEPTED AND AGREED:

By: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature Parent/Guardian's Printed Name

\_\_\_\_\_ Address City State Zip Code Phone



initials  
required

initials  
required