China: East meets West

Thank you for your interest in the STARTALK Summer Camp!

Contact Rex Burnett at rexburnett@ou.edu
for any questions regarding the application process.

To: Rex Burnett
East Asia Institute (EAI) Confucius Institute
The University of Oklahoma-Schusterman Campus
4502 East 41st Street
Tulsa, OK 74135

Application Checklist

Please make sure you have completed the following items before submitting your application:

- Registration Form
- Parent Consent and Talent Release Form
- Tuition Waiver Form (if applying for financial assistance)

$150.00 deposit due May 1st
$300.00 Tuition due by May 1st

Check should be made payable to the University of Oklahoma

There will be a TBD evening orientation meeting prior to the camp in Tulsa.

3rd-5th grade camp

Monday, June 15th to Thursday, July 2nd, weekdays 9AM-3PM
OU-Tulsa Schusterman Campus Learning Center
4502 East 41st Street, Tulsa, OK 74135

T-Shirt Size (check one): □ Small □ Medium □ Large
2015 STARTALK Summer Camp

East Asia Institute (EAI)
Confucius Institute (OUCI)
OU-Tulsa Schusterman Campus
4502 East 41st Street
Tulsa, OK 74135

Payment and Deadlines:

1. 
   • Program Fee: $300.00 due by May 1st
   • Spaces are limited. **Apply early to ensure enrollment.**

   ◊ Check should be made payable to “University of Oklahoma”
   ◊ Please mail your deposit to:

   East Asia Institute (EAI)
   OU-Tulsa
   4502 E. 41st St.
   Tulsa, OK 74135

   • Completed application and deposit must be received by **Friday, May 1st**
   • Balance Due: All outstanding balances must be paid prior to **Friday, May 15th, 2015**.

Cancellation Policy: All cancellations must be submitted in writing or by email (rexburnett@ou.edu) and arrive in the program office by the cancellation dates.

- **Friday, May 1st, 2012** — Full refund
- **Friday, May 15th, 2012** — Partial refund
- **Friday, May 29th, 2015** — No refund after

3. Tuition Waiver: To apply for a $150 tuition waiver, please fill out the tuition waiver application form.
   • All applicants must pay the camp deposit. Applications will be reviewed after May 1st 2015.

   The deadline for submitting tuition waiver applications is **Friday, May 1st 2015**.
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REGISTRATION INFORMATION

STUDENT’S PERSONAL INFORMATION

Student Name _________________________  DOB _____________  Gender ________
Home Phone ____________________________  Cell Phone ______________________
Home Address ____________________________________________________________
City __________________________  State ___________  Zip _______________
Email Address ____________________________________________________________

STUDENT’S ACADEMIC/CHINESE STUDY INFORMATION

School Name ___________________________________________  Grade ________
City __________________________  State ___________  Zip _______________
GPA __________________________
Chinese Teacher’s Name (if applicable): _______________________
Chinese Teacher’s Email Address: (if applicable) _______________________
How long have you been studying Chinese: _______________________
Your Chinese Proficiency (Basic, Intermediate, Advance): ______________
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STUDENT’S MEDICAL INFORMATION

Please mark whether the following apply:

Medical Restrictions (check one): ☐ Yes ☐ No
If yes, please explain: __________________________

Current Medications (check one): ☐ Yes ☐ No
If yes, please explain: __________________________

Dietary Restrictions (check one): ☐ Yes ☐ No
If yes, please explain: __________________________

Allergic Restrictions (check one): ☐ Yes ☐ No
If yes, please explain: __________________________

Physician’s Name: ____________________________ Physician Phone Number: ________________

STUDENT’S PARENTS/GUARDIAN INFORMATION

Name ____________________________________       Home Phone ____________________________
Cell Phone ____________________________       Office Phone ____________________________
Home Address _______________________________________________________________
City _____________________       State _________       Zip _______________
Email Address ________________________________________________________________
EMERGENCY CONTACTS INFORMATION

Contact #1:
Name_________________________________ Phone__________________________
Address_________________________________________________________________
City________________________ State_________ Zip_____________________
Email Address_________________________________________________________

Contact #2:
Name_________________________________ Phone__________________________
Address_________________________________________________________________
City________________________ State_________ Zip_____________________
Email Address_________________________________________________________
CONSENT AND TALENT RELEASE FOR THE UNIVERSITY OF OKLAHOMA

MINOR’S RELEASE AND ACKNOWLEDGEMENT OF RULES AND GUIDELINES

This Release is executed and acknowledged on the _____ day of __________________, 2015,

(Minor’s Name)                                 (Home Town)                            (State)

I know the nature of the Activity and the Minor’s experience and capabilities and consider Minor to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity. Further, I recognize and acknowledge the potential risks and dangers involved in such an Activity and its related activities including travel and transportation associated with the Activity and any related field trips and other Program activities which may include personal injury, death, and/or property damage. I acknowledge and hereby state that Minor’s participation in this Activity is entered into as a free and voluntary act and is in no way connected with any course credit or requirements of the Releasees. I acknowledge that I have read the OU rules stated herein or as otherwise advised at the time of the Activity, and as published on the University’s websites, www.judicial.ou.edu and www.ou.edu/home/misc.html, and understand and agree to abide by all University and Activity rules and policies. Failure to comply with these rules or any other rule established by the Camp/Activity may result in Minor’s immediate removal from the camp/activity. I waive any claim for refund or any other contract right upon removal.
I recognize that the Releasees do not assume responsibility or liability for - including costs and attorney’s fees--any accident or injury or damage resulting from any aspect of participating in the Activity. The Releasees are not liable for any special, incidental, or consequential damages arising out of or in connection with any aspect of participation in the Activity.

I certify that I have read and understand the Activity rules and have explained said rules to Minor. I hereby certify that I am the parent and/or guardian of said Minor and that the above and foregoing matter has been fully explained to me and Minor, and I, for and on behalf of said Minor, do hereby release all liability, indemnify and covenant not to sue as set forth in the body of the RELEASE above, with the same force and effect as if executed by me. Further, as parent and/or legal guardian of said Minor, I hereby give consent and authorize said Program, the University of Oklahoma and its agents, representatives and employees to secure emergency medical treatment for said Minor while said Minor is in attendance at said Program conducted by The University of Oklahoma and that I am responsible for any and all costs associated with the transportation and treatment.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. Releasor further states that s/he has carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act.

I understand that The University of Oklahoma, from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp/Activity that Minor may be included in videotapes or photographs taken during the Camp/Activity. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor’s name, face likeness, voice and appearance as a part of the Camp/Activity, in advertising and promoting the Camp/Activity or in advertising and promoting similar future events at no charge.
I stand and agree to notify the Camp supervisor Rex Burnett at 918-660-3497 immediately of any injuries sustained by Minor as a result of the Activity and of any inappropriate behavior experienced by Minor related to the Activity. I also understand and agree that should any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Camp supervisor, Rex Burnett at 918-660-3497 as well as the University’s Sexual Misconduct Officer, Kathleen Smith at 405-325-2215, www.ou.edu/home/misc.html.

I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely pick-up Minor at the designated area, I understand he/she will stay at the Activity site with Camp supervisor. Failure to timely pick-up Minor may result in his/her immediate withdrawal from the Activity.

I understand that by signing this document, I give up substantial rights that I or the Minor would otherwise have to recover damages for any loss occasioned by Releasees’ fault, and I sign it voluntarily and without inducement.

Date ________________

Parent/Guardian Signature ________________________________

Releasor’s (Minor’s) Signature ________________________________

School Name__________________________________________________

Birth Date: ________________

Address of Parent and/or Legal Guardian: ________________________________

City_________________________ State__________ Zip______________

Home Phone: ________________ Work Phone: ________________________

Cell Phone: ________________ Email address: ________________________________

Emergency Contact (if parent or guardian cannot be reached) THIS INFORMATION IS REQUIRED

Contact____________________________________________________

Phone ________________________________________________________
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Student’s Name: ________________________________

Camp Location: ________________________________

CLIENT (Department): University of Oklahoma’s East Asia Institute and Confucius Institute (STARTALK)

JOB NAME: Photography for departmental publications including but not limited to the department’s website, promotional brochures, newsletters, postcards, etc.

For the consideration received, including but not limited to publicity, the adequacy of which is hereby acknowledged, I hereby grant to the Board of Regents of the University of Oklahoma, their successors and assigns, and those acting under their permission, or upon their authority, or those by whom they are commissioned:

(1) The unqualified right and permission to reproduce, copyright, publish, circulate and otherwise use photographs and/or motion pictures of me, and voice reproduction, whether taken in a studio or elsewhere, in black-and-white or in colors, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world. I hereby waive the opportunity or right to inspect or approve the finished photographs, films or tapes or the use to which it may be put or the copy or illustrations used in connection therewith. This authorization covers composite, stunt, comic, freak or any unusual photograph and/or motion picture, or voice reproduction, caused by optical illusion, distortion, alteration or made by retouching or by using parts of several photographs or by any other method. All such use shall be for the purpose of promoting, supporting or otherwise furthering the mission of the University.

(2) All my right, title and interest in and to all negatives, prints, tapes, and reproductions thereof, and I do hereby release the aforesaid parties and their successors and assigns, if any, from any and all rights, claims, demands, actions or suits which I may or can have against them on account of the use of publication of said photographs and/or motion pictures or tapes. I have read and understood the release stated above and do hereby agree to its terms and conditions.

STUDENT’S (GUARDIAN’S) SIGNATURE ____________________________

DATE_______________________
TUITION WAIVER APPLICATION

Tuition waivers will be offered to students who show both need and merit.

Tuition waiver applications will be reviewed after May 1st 2015. To reserve a spot in the camp, applicants must send the application to us by no later than May 1st 2015. All applicants will be given a written notice of decision.

Name ___________________________                Home Phone ( ______)_____________
Home Address ________________________________________________________________
City ___________________ State ___________    Zip _______________
Email Address _________________________________________________________________
Total annual household gross income $________________________
Estimated total household expenses for the current year $________________________
School Name _____________________________________                Grade _________
City ___________________ State ___________    Zip _______________
GPA _____________________
Chinese Teacher’s Name (if applicable): _______________________
Chinese Teacher’s Email Address: (if applicable) __________________________________
How long have you been studying Chinese: _________________________
Your Chinese Proficiency (Basic, Intermediate, Advance): ________________
QUESTIONS (PLEASE ATTACH ANY ADDITIONAL SHEETS AS NEEDED)

1. What awards, or recognitions have you received? List those achievements specifically related to your academic study.

2. Please describe activities and/or work experience other than those directly related to your school experience. You may list community service, church work, part-time or full-time employment.

3. Write a short essay about yourself explaining your family background and why this scholarship is so valuable to you.

CERTIFICATION:

I certify that all the information included in this application is true and complete. I hereby grant permission to the Confucius Institute at the University of Oklahoma (OUCI) to verify such information and to release information to the donor or potential donor of any scholarship for which I may be eligible.

____________________________________________  _______________________________________________
Signature                                    Date