



SUMMER INSTITUTE FOR THE GIFTED 2011 SATURDAY PROGRAM APPLICATION

APPLICATION DEADLINES

Admission to the 2011 Summer Institute for the Gifted Saturday Programs is on a rolling, first-come, first-served basis according to the postmark date on the application form envelope or the date the online application is received. Only a limited number of students can be accepted, therefore, we urge you to submit your application materials early. Applications received after the deadline specified for each campus will be accepted on a space available basis.

Program	Application Deadline
The Hudson School	January 12, 2011
Fairfield University	February 23, 2011
The Storm King School	March 9, 2011

PROGRAM FEE COSTS:

The SIG Saturday Program fee is \$300 plus the \$95 application fee.

NOTES ON APPLYING:

- 1.) Please use blue ink & print clearly.
- 2.) Fill out all pages of this application in its entirety.
- 3.) All applications must include the \$95 application fee, by check, money order (made out to the Summer Institute for the Gifted), or credit card for further consideration.
- 4.) New students must include documentation of eligibility.
- 5.) Students are encouraged to apply early as space is limited.

MAIL APPLICATION AND PAYMENT TO:

Summer Institute for the Gifted
Admissions Office - SP
River Plaza, 9 West Broad Street
Stamford, CT 06902-3788

Please Note: Approximately two weeks are required to review application materials to determine student eligibility. An acceptance letter will be sent to the student upon completion of the review.

PLEASE PRINT CLEARLY

1.) PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT THE SATURDAY PROGRAM

- Teacher/Counselor SIG Student Web/Newsletter
 Advertisement News Article Mailing
 Other _____

2.) STUDENT INFORMATION

First Name	Last Name	Nickname	
Address	City	State	Zip Code
Home Phone	E-mail		
Date of Birth	Age during SIG Session	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade in 2010-11 school year			

3.) PARENT(S)/GUARDIAN(S) INFORMATION

1.) First Name	Last Name	Relationship
Business Phone	Cell Phone	E-mail
2.) First Name	Last Name	Relationship
Business Phone	Cell Phone	E-mail
Student Resides with		

4.) SCHOOL INFORMATION

_____ Independent Parochial Public

School name

Address

City	State	Zip Code
Principal	G/T Coordinator or Counselor	Current (Homeroom) Teacher

5.) SIG STATUS

Student is: New Returning (Returning students who've attended other SIG programs, please skip to section 6)

If this is your first session with the Summer Institute for the Gifted, you are required to include documentation of program eligibility. Please check the item(s) below that are enclosed to verify your eligibility:

- Academic Talent Search participation Standardized Test scores
 Letter confirming participation in local Gifted Program Other _____
 Two Letters of Recommendation (forms available online at www.giftedstudy.org)

6.) T-SHIRT SIZE

Please choose the size that best suits you.

- Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Youth XL (16-18)

7.) PARENT/ GUARDIAN PERMISSIONS - Check the "yes" box if permission is given or the "no" box if permission is not given.

I hereby grant permission for my child, while attending the Summer Institute for the Gifted to receive selected materials about other educational opportunities from organizations sanctioned by SIG. Yes No

8.) PROGRAM SELECTION - Please check the program option that applies to the student.

- Student will take part in the:
- | | |
|--|--------------------------|
| <input type="checkbox"/> The Hudson School | January 22 - February 12 |
| <input type="checkbox"/> Fairfield University | March 5 - March 26 |
| <input type="checkbox"/> The Storm King School | March 19 - April 9 |

9.) ADMISSIONS AND APPLICATION FEE

Admission to the Summer Institute for the Gifted programs is on a rolling, first-come, first-served basis for qualified students. They are accepted and processed upon receipt. Admission to the 2011 Summer Institute for the Gifted Saturday Program shall be granted or denied at the sole discretion of SIG/NSGT. The program fee due upon acceptance is \$300. Applications will be accepted only if space is available. **The \$95 application fee must accompany your completed, signed application.**

10.) PAYMENT OPTIONS - SIG accepts checks, money orders, Visa, MasterCard and American Express credit cards* for payment of the program fee.

- Check enclosed (Please make payable to Summer Institute for the Gifted)
 Money order enclosed
 Please charge my credit card: Visa MasterCard American Express
 SIG is authorized to charge my credit card the \$300 program fee upon acceptance.

Card number _____ Expiration date _____

Signature of cardholder _____

Cardholder's name (please print) _____

Daytime phone _____

* Please be advised that returned checks and declined credit cards will incur a \$25 charge per occurrence.



11.) STUDENT RESPONSIBILITY

I understand that, as a participant in the Summer Institute for the Gifted (SIG), I have the responsibility to work to the best of my ability in all of my classes, that I will conduct myself appropriately and follow all rules, regulations, and policies of the SIG program, that I will support the efforts of SIG staff and participants to preserve the cleanliness and beauty of the campus, that I will respect the property of others, and that I will respect the rights and privileges of all SIG students, faculty, staff, and others of the campus community. I understand that failure to comply with the above statement may lead to dismissal from the program.

Signature of Student _____ Date _____

12.) AGREEMENT AND RELEASE

By signing the application for a National Society of the Gifted and Talented ("SIG/NSGT") program, the student and the parents agree to the following terms and conditions:

1. We have read and accept the terms and conditions set forth in the Summer Institute for the Gifted catalog, which are incorporated in this agreement. This agreement is a legally binding contract.
2. We unconditionally release SIG/NSGT from any claims for damage, injury, loss or expense incurred as a result of the applicant's participation in the SIG program unless the loss is caused by the gross negligence of SIG. We also release SIG/NSGT from claims for damage, injury loss or expense (including SIG tuition and other costs) caused by events beyond its control, including program termination, resulting from acts of God...regulations or other causes.
3. The student is responsible for exercising caution and common sense at all times to avoid injuries. SIG/NSGT does not provide supervision or support during periods of independent travel.
4. If the students become ill or incapacitated, SIG/NSGT may take such actions as it considers necessary under the circumstances, including securing medical treatment. We release SIG/NSGT from any liability relating to this medical care. We also authorize SIG/NSGT to take whatever action it deems to be necessary and in the student's best interest in the event of any unforeseen event or condition. If SIG/NSGT incurs any expense on the student's behalf that is not covered by insurance, we agree to make immediate repayment upon request.
5. The student must comply with SIG/NSGT's rules, standards and instructions, and understands that failure to do so may result in being sent home at our expense, with no refund. The student's participation may be terminated if expelled from the program or if SIG/NSGT, in its sole discretion, determines that the student's continued participation is incompatible with the interests, harmony, comfort or welfare of other students. We agree to indemnify SIG/NSGT if the student does anything that causes SIG/NSGT to sustain financial loss or liability.
6. We understand that SIG/NSGT reserves the right to make changes, cancellations, or substitutions in cases of emergency or changed conditions, or based upon the interest of the group. The program fee portion of the total SIG cost is nonrefundable. If a serious illness prevents the student from attending or completing the session, insurance claims may be submitted by participants in the World Class Protection Plan. Requests must be made in writing and include a valid doctor's note. Requests must be made within 30 days of withdrawing from the program. If a program is terminated or canceled, SIG will consider the circumstances and may, in its sole discretion, issue a partial refund or credit.
7. If the student is not a citizen of the United States, we understand and accept that it is our responsibility to obtain all visas and required documents in order to enter all the countries on our itinerary and participate in the SIG/NSGT program. We shall hold SIG/NSGT harmless in the event the student fails to obtain the necessary documents for participation in the program.
8. This agreement will be effective when the application is accepted by SIG/NSGT and shall be governed by the laws of the State of Connecticut.
9. This agreement cannot be modified except in writing by SIG/NSGT.
10. We hereby grant to the SIG/NSGT and to its employees and agents the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for closing ceremony slideshows and publication processes, whether electronic, print, digital or electronic publishing via the Internet. If you do not want your child to be photographed, please check the box below.
11. We agree that any dispute with SIG/NSGT that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, we understand that we are giving up the right to have any claim against SIG/NSGT decided in court before a judge or jury.
12. References in this agreement to "SIG/NSGT" shall include the National Society for the Gifted & Talented, and all of its agents, employees, affiliated companies, campus directors, deans, chaperones, group leaders, teachers, host school and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for the applicant.

By signing this document, I acknowledge that I have read and accept the terms of the Agreement and Release above and agree that those terms constitute my agreement with SIG/NSGT. I unconditionally release the SIG program from any claims for damage, injury, loss or expense of any sort incurred directly or indirectly in conjunction with the participation of my child in the program unless the loss is caused by the gross negligence of SIG.

It is the responsibility of each applicant to include payment along with this application in order to maintain his/her enrollment status in the SIG program.

I have read the SIG program brochure and application pages including the paragraph in section 11 signed by my child. I have read and understand the refund policy as stated in the Saturday Program brochure. I understand that it is my responsibility to meet all financial obligations of the SIG program. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I understand that if my child fails to follow SIG program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions of the Summer Institute for the Gifted.

I/we certify the above information is complete and correct. I/we understand that any misrepresentation may result in the expulsion of the applicant from the program. I have read the catalog and agree to the SIG/NSGT policies and procedures, including those concerning liability, responsibility, refunds, health, changes in dates, accommodations, courses, billing, and program cancellation or termination. The agreement will be effective when accepted by SIG/NSGT and is governed by the laws of the State of Connecticut.

Signature of Parent or Guardian _____ Date _____

Photo opt out.
Refer to item 10.

MAIL APPLICATION AND PAYMENT TO:

SUMMER INSTITUTE FOR THE GIFTED, *Admissions Office*
River Plaza | 9 West Broad Street | Stamford, CT 06902-3788