



## The Animation and Visual Effects Academy (AVEA)

Sponsored by LaPREP

June 4 – 28, 2012

Your complete application MUST include ALL of the following items:

- (1) \_\_\_\_\_ Application form
- (2) \_\_\_\_\_ A short, handwritten paragraph explaining why you want to participate
- (3) \_\_\_\_\_ Copy of your first semester report card

**All items should be received by April 13, 2012.**

**Mail or fax to:**

Dr. Carlos Spaht, II  
Director, LaPREP  
Department of Mathematics  
LSU Shreveport  
One University Place  
Shreveport, LA 71115  
Fax: 318.795.4221  
Phone: 318.797.5356

### **ACCEPTANCE**

Graduates of LaPREP will be given priority in acceptance to the program; however, all qualifying applicants will be considered. Notification of acceptance will be made by April 27, 2012.

### **RULES, REGULATIONS, AND GUIDELINES**

All participants must sign and return the rules, regulations, and guidelines.

### **MEDICAL RELEASE INFORMATION**

It is very important for the safety and security of each participant that AVEA, under the direction of John Miralles, Director of the Animation and Visual Effects Program at LSUS, is provided with all of the information requested in this document.

### **SPORTRAN BUS PASSES**

As a participant of AVEA, you may receive cost-free transportation to and from LSUS using a SporTran bus pass. Information will follow in May via email about how and where to get your bus pass photo-ID.

### **PICK UP AND DROP OFF LOCATIONS**

Pick up and drop off location is behind the Technology Center (building 3 on the map). Please sign and return form on the first day of class.



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**Rules, Regulations, and Guidelines for AVEA Participants**

1. Participants must be on time for all classes and other AVEA activities.
2. Daily attendance is required. Absences are not permitted except for medical or emergency reasons. More than one absence for any reason will be seen as a lack of commitment and is accepted grounds for dismissal from AVEA.
3. A parent or guardian must notify the AVEA office, attn: Tom Lawson, at (318)795-2480 as soon as possible regarding any reason for tardy arrival or emergency absence.
4. If a participant needs to leave the program before the end of the day, the AVEA Director must be informed in advance via a letter or phone call.
5. Participants remain on campus for the entire program day, including lunch which is provided in the University Center.
6. Participants may use the computers and all other equipment and materials at LSUS with permission and supervision by an instructor or a program assistant who has been authorized by an instructor.
7. The dress code prescribes typical classroom attire that is appropriate for summer weather.
8. Every participant is understood to take this learning opportunity seriously with respect for the setting and the program staff. The use of inappropriate language or negative behavior directed toward another person, equipment, or site facility will be considered grounds for dismissal. Possession of dangerous, offensive, or inappropriate materials is not tolerated. Cheating, fighting, and smoking are not permitted and will result in the most severe consequences.

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Please sign and return this section to LaPREP using the enclosed self-addressed envelope.

Your signature below indicates your agreement to follow the Rules, Regulations, and Guidelines.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Cell phone number



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STUDENT APPLICATION		
MEDICAL RELEASE FORM		
Name (First, Middle, Last):		Gender: <span style="float: right;">Date of Birth:</span>
School:	Home Phone : (    )    -	Cell Phone: (    )    -
Address:		
City:	State:	Zip:
Student Email:		Grade '11-'12:
HS Graduation Date:	College/ Career Plan:	T-Shirt Size (Adult) :
STUDENT INTEREST (PLEASE RATE YOUR INTEREST BELOW)		
Digital Media Career or University Program (Animation & Visual Effects, Video Games)	Strong[    ]    Fairly Strong [    ]    Not Very Strong [    ]	
Study in the fields of STEM (Science, Technology, Engineering, Math)	Strong[    ]    Fairly Strong [    ]    Not Very Strong [    ]	
Physics/Aviation	Strong[    ]    Fairly Strong [    ]    Not Very Strong [    ]	
PARENT/ LEGAL GUARDIAN INFORMATION		
Name:		
Address:		
City:	State:	Zip:
Home Phone : (    )    -	Cell Phone: (    )    -	Email:
STUDENT COMMITMENT AGREEMENT AND SIGNATURE		
I am serious about my desire to participate in AVEA. I agree to abide by the rules and guidelines of the program and to participate fully.		
Student Signature:		Date:
PARENTAL CONSENT		
As a parent/guardian, I certify that my child/ward has my permission to participate in this residential program and will attend June 4-28, 2012. It is my understanding that my child/ward will be subject to the regulations put forth by LSUS and AVEA. I attest to the accuracy of the information above, and I willingly release it to the AVEA staff.		
In consideration of my child's participation in the LSUS- and LaPREP-sponsored Animation and Visual Effects Academy, AVEA, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP, AVEA and their employees and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.		
Name of Parent/Guardian (Please Print):		Signature of Parent/Guardian:
Name of Witness (Please Print):		Date:



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STUDENT INFORMATION			
Name (First, Middle, Last):			
Date of Birth:	Home Phone : ( ) -	Cell Phone: ( ) -	
If medical care is required for _____, (Participant Name) in conjunction with any AVEA activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment.			
Names of all parents/guardians with whom the participant is living during June 4 – 28, 2012:			
Name of Parent/ Guardian:	Relationship to participant:	Email:	
Home Phone : ( ) -	Cell Phone: ( ) -	Can you receive text messages? Yes[ ] No [ ]	
Work Phone: ( ) -	Address:	City:	Zip:
Name of Parent/ Guardian:	Relationship to participant:	Email:	
Home Phone : ( ) -	Cell Phone: ( ) -	Can you receive text messages? Yes[ ] No [ ]	
Work Phone: ( ) -	Address:	City:	Zip:
EMERGENCY CONTACT			
Name of a relative/family friend not residing with you:		Relationship:	
Address:		Phone:	
City:	State	Zip:	
SPECIAL DIETARY NEEDS			
List Needs (Vegetarian/Kosher/Allergies etc.):			
MEDICAL CONDITIONS			
Current Medical Conditions/ Relevant Health Information:			
Name of Medication:		Dosage:	
Name of Medication:		Dosage:	
MEDICAL INSURANCE INFORMATION			
Insurance Company:		Policy #:	
PARENTAL CONSENT			
I attest to the accuracy of the information above, and I willingly release it to the AVEA staff and medical personnel. In the event of accident or illness which requires medical treatment, I understand that an attempt will be made to contact me, but medical treatment will not be withheld to the detriment of my child.			
In consideration of my child's participation in the LSUS- and LaPREP-sponsored Animation and Visual Effects Academy, AVEA, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP, AVEA and their employees and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.			
Name of Parent/Guardian (Please Print):		Signature of Parent/Guardian:	
Name of Witness (Please Print):		Date:	



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Dear Parents,

Camp begins promptly at 9:30 am and ends at 2:00 pm. The classroom opens at 9:00 am if you need to drop off your child early. It is best if your child is dropped off and picked up behind the Technology Center (Building 3 on the map below) in the Faculty parking lot. You may use the loop driveway behind the building. We will have a staff member to greet them in the morning and to wait with them in the afternoon.

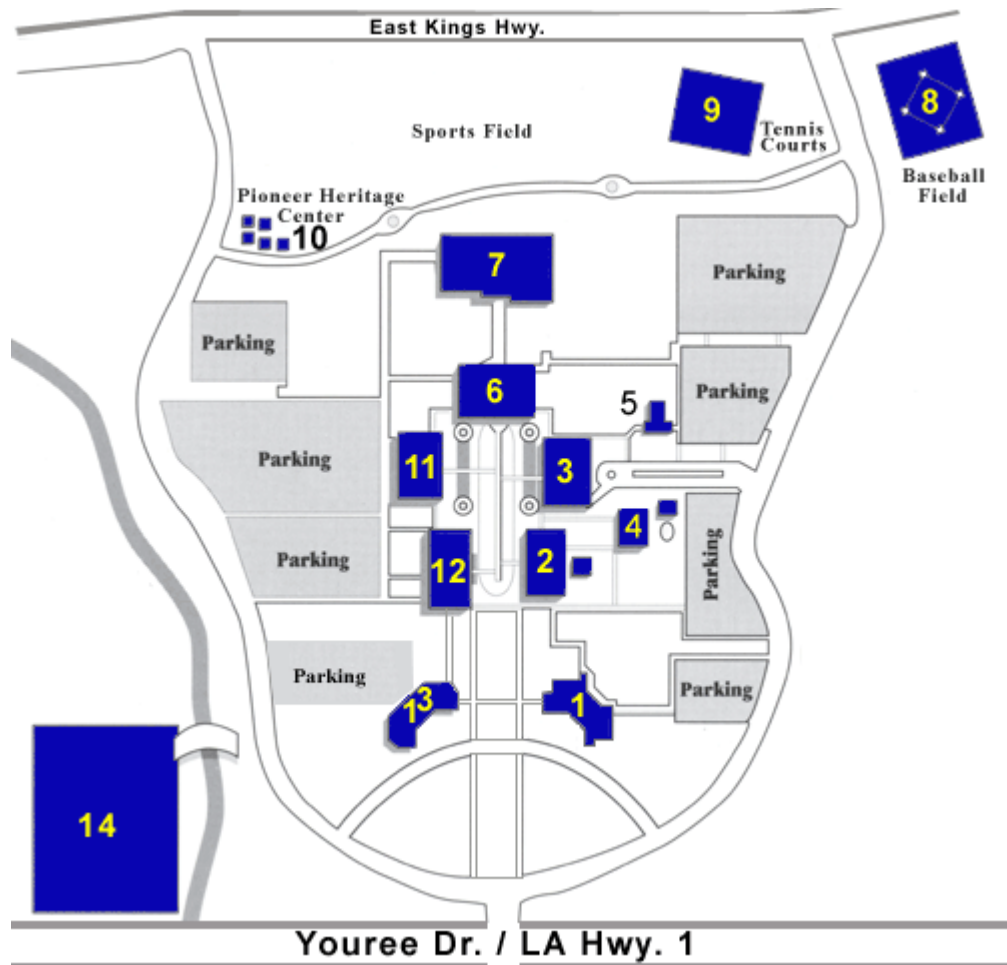
If you need to make other arrangements, please let us know exactly what accommodations you need.

Please sign the attached letter and return it tomorrow.

If you have any questions, please call Maria Scott at 795-2480 or email at [maria.scott@lsus.edu](mailto:maria.scott@lsus.edu).

Thank you,

AVEA Staff





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*Please sign and return on the first day of class.*

*If you have any questions, please call Maria Scott at 795-2480 or email at [maria.scott@lsus.edu](mailto:maria.scott@lsus.edu).*

I understand camp begins at 9:30 am and ends at 2:00 pm, Monday through Friday. The classroom opens at 9:00 am if I need to drop off my child early. The drop off/pick up location is behind the Technology Center in the loop driveway of the faculty parking lot. An AVEA staff member will be there to greet my child in the morning and to wait with them in the afternoon.

Student's Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you need to make other arrangements for a drop off/pick up spot, please state them below.

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