

**National Association of Black Accountants, Inc.  
and  
Southern Methodist University**



*"Lifting As We Climb"*



**Student Forms:  
Submit at Student/Parents Orientation**

Saturday, June 1, 2019

9:00 am – 12:00 pm

# **Form 3: ACAP Rules and Regulations**

## **CLASS EXPECTATIONS**

- Attendance
- Punctuality (on time, breaks, supervised)
- Acceptable behavior in class
- Preparation for class
- Participation in class (discussions, assistance as needed, word choices, etc.)
- Classroom posture (no sleeping in class)
- Respect for and treatment of others
- Student whereabouts—a MUST for all times. In addition, all students go to breakfast whether you normally eat breakfast or not. Students are to participate in all camp events. "Free Time" does not mean "unsupervised time".
- Any ACAP student may be chosen to do interviews during ACAP Week. If so, the student is expected to participate and honor the request with the understanding that all interviews and pictures will only be used for the promotion of ACAP and to obtain funding to support the continuation of the program.

## **EVALUATION OF STUDENTS BY ADMINISTRATORS/COUNSELORS**

- Work performed/Assignments completed
- Class participation
- Overall behaviors and demeanors (on campus, tours, all activities, interactions with others, timeliness of responses)

## **COSTS**

- Deposit for lost key: \$50 (If by check, make payable to "NABA/Dallas ACAP"; payable at Students/Parents Orientation on June 1, or by Check-In-in before or on Sunday, June 9)
- Lost meal card: \$10

## Form 3: ACAP Rules and Regulations, Continued

1. It is understood that the students attending the summer residency program will be housed in dormitory facilities (McElvaney Residential Commons) and will be under adult supervision at all times during the week.
2. Students are not allowed to bring automobiles on campus.
3. Students are not allowed to leave the SMU campus during the six-day program, except under extraordinary circumstances and with the written permission of the Program Executive Director or Head Counselor. Parents are allowed to visit, but please notify us in advance so that appropriate arrangements can be made.
4. Students are not allowed to bring or use weapons on campus. In addition, students may use cellphone during "free time" or other authorized times. Students may not have television sets or other devices in their rooms which will distract from studying, or participation, etc. during the Summer Residency Program.
5. Unruly behavior, drug or alcohol use or sales, or unauthorized absence from campus are grounds for immediate dismissal. The parents/guardians will be contacted to come pick up the student immediately. **(Please ensure your correct contact information is on file.)**
6. In case of a medical emergency, we will immediately take the student to a hospital and contact the parents/guardians. (Refer to the "Authorization of Consent to Treatment of a Minor"). ACAP is not responsible for medical expenses incurred by the student participant. ***(Please attach (bring) copy of proof of medical coverage.)***
7. ACAP is not responsible for the loss or damage of the participant's belongings or property, either in transit or at the University. If any personal or University property is stolen or damaged, the student's residential counselor must be notified immediately. Any student who is caught intentionally destroying property or stealing is subject to dismissal and his or her parents/guardians will be notified immediately.
8. Students are responsible for keeping their residence hall rooms clean and undamaged. Each room will be checked immediately after arrival and departure. Both roommates will share the cost of missing or damaged items. Students must refrain from moving furniture from or within the room.
9. Quiet hours must be maintained between 11:00 p.m. and 7:00 a.m.

## Form 3: ACAP Rules and Regulations, Continued

10. A room key and meal (Vali-Dine) card will be issued to each student at the beginning of the Summer Residency Program on June 9. There will be a **\$50** deposit payable before check-in in the event of having to issue a new room key to the student. This fee must be paid for by the parent/guardian or student. If the room key is not returned at the end of the program, the student will be charged **\$50.**
11. Students may utilize free time in areas designated by ACAP Administrators. During free time, students must inform their residence counselor where they will be, and for what period of time.
12. For the health and safety of every participating student, the program reserves the right to conduct room inspections.
13. If a student becomes ill and cannot attend scheduled activities, he or she must notify the Head Resident Counselor. Appropriate action will be taken for each situation.
14. The ACAP staff is responsible for the enforcement of these guidelines, but every member of the program should be concerned with the maintenance of an orderly and friendly atmosphere. The Executive Director or his designee will determine specific penalties for the infractions of these rules that may be different from those stated in the previous items.
15. The Program Executive Director or his designee has the authority to issue supplementary rules from time to time. They will be reasonable and fair, and their rationale will be explained beforehand.

A parent/guardian and the student participant should indicate their agreement with the above-mentioned Rules and Regulations by their signatures below.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

## Form 4: Hold Harmless Agreement

I, the undersigned, do hereby agree to hold harmless the Accounting Career Awareness Program (ACAP) of the National Association of Black Accountants, Inc., (NABA) and Southern Methodist University (SMU) from any and all liability while my child:

Child's Name \_\_\_\_\_

participates in the Summer Residency Program, June 9 - 14, 2019 on the campus of SMU.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Form 5: Medical Release Form

The undersigned hereby authorizes Odell L. Brown, Executive Director of the Accounting Career Awareness Program (ACAP) or his designee, as our agent, to give consent for surgical or medical treatment by any licensed physician or hospital in the State of Texas for my child, \_\_\_\_\_, when such treatment is deemed necessary by such physician and I cannot be reached within a reasonable time, by reason of absence from the community or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examination, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to the physician to exercise his or her discretion in authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall be valid from June 9 through June 14, 2019 unless sooner revoked in writing by the undersigned.

### PLEASE COMPLETE:

Student's Name (please print) \_\_\_\_\_

Date of last tetanus examination \_\_\_\_\_

Does your child have any chronic diseases, drug or food allergies that might interfere with emergency medical or surgical treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

**Please attach proof of medical coverage.**

## Form 6: Closing Luncheon Request Form

The Closing Luncheon is the culmination of ACAP Week activities. It is a time of celebration of the students' completion of the program, announcement and receipt of various awards, and recognition of the ACAP sponsors and volunteers. Approximately 250 people attend this event, including parents/guardians and other invited guests.

**Location: Southern Methodist University, Umphrey Lee Student Center**

**Date: June 14, 2019      Time: 11:30 am – 1:30 pm**

Since this is a meal function, we need the invited guests to RSVP. To that end, please complete the following:

ACAP Participant \_\_\_\_\_

Parent/Guardian Expected to attend (2 free tickets max):

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional Tickets Desired (\$35 per ticket):

1. \_\_\_\_\_

2. \_\_\_\_\_

Any dietary restrictions: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_