

CHECKLIST - 3 ITEMS:

- Agreement Form, *signed*
- Medical Form, *signed*
- Activity Fee - Check Only
- SEALED, MARKED ENVELOPE

RADNOR

ACTORS WORKSHOP

Staff Use ONLY:

Payment: ___ #: ___

Contract: ___

Medical: ___

Blacklisted? Yes No

APPLICATION - AGREEMENT FORM, MEDICAL FORM, & FEE

Please Write Neatly

STUDENT NAME: _____ GRADE: _____ AGE: _____

HOMEROOM: _____ EMAIL ADDRESS: _____

CELL PHONE: _____ WILL YOU SIGN UP FOR **REMIND** TEXTS? Yes No

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

REGISTERING FOR (*circle*): **FALL CAST** **STAGE CREW** **SPRING CAST** T-SHIRT SIZE: _____

- - - STUDENT GUIDELINES - READ THIS CAREFULLY *and* SIGN BELOW - - - -

- **SAFETY** - "I recognize that theatre by its nature is an activity that has present and inherent risk of injury to myself or others, including - but not limited to - sustaining injury while dancing choreography; working in dim and/or close settings; working with lumber and hand tools; etc. I will obey every safety direction given by any and all members of the production Staff at all times, and I realize I am responsible for my safety and the safety of others. **Failure to adhere to safety practices will result in immediate dismissal.**"

- **ASSIGNMENT** = "I agree that the casting and stage crew decisions are final, and that every effort is undertaken by Staff in choosing the best actor or crew member to fit the **needs of the overall production**, not necessarily what I feel entitled to. **I recognize that seniority or previous assignments are irrelevant to assignments for productions.** Seniority is **only** a tie-breaker between two capable students."

- **DEDICATION** = "I recognize that theatre is a team sport. Each actor and crew member **must** fulfill their duties, or the show will not be successful. I agree to attend rehearsals and work sessions, and to be on time. I will communicate with the Staff about my attendance. I agree that on time means five minutes prior to the beginning time. I recognize that theater is hard work, there are many tasks to perform, before and after the show, and laziness holds everyone back. **I agree to perform all tasks as assigned.**"

- **SCHEDULE** = "I have recorded the dates of the week of the production, and I acknowledge that I am **required** to attend the week of the show for all events. **I understand that after the closing performance, all are called to help strike.**"

- **ELIGIBILITY** = "I understand that RHS has a strictly enforced eligibility policy, and that **if I become ineligible, that it is quite likely that I will be dropped from the cast/crew permanently and my role re-assigned.**"

"I have read and I agree to these guidelines, as well as the RHS Student Handbook." - **STUDENT SIGNED:** _____

- - - - - PARENT / GUARDIAN SECTION - - - - -

PARENT / GUARDIAN NAME(S): _____

EMAIL: _____ and/or _____

PARENT CELL: _____

PARENT CELL: _____

Parents - Want to receive text updates? We use the REMIND service. Texts will be the primary method of communication. Parents are invited to sign up to receive text messages via the Remind service by visiting www.radnoractorsworkshop.org, and select which group your child is joining, cast or crew. You may sign up for emails or view the messages online if you prefer not to receive texts. You may cancel any time.

PLEASE READ: "By signing below, I hereby give permission for my child to participate in theatrical activity. I have completed the medical information section of this application, page 2. I have reviewed each of the the same guidelines that my child also agrees to, as stated herein above this section, and I agree with these guidelines as well. I agree that - as in any sport or student activity - there is inherent risk of injury. Safety precautions must be followed at all times. I also understand that the Student Handbook of Radnor High School, in its entirety, is also applied to this student activity. I understand that violations of the guidelines above committed could lead to student dismissal from cast or crew, at the sole discretion of the professional Staff of Radnor theatre activities. Additionally, violations will likely lead to the student being referred to RTSD Administration."

PARENT/GUARDIAN SIGNED: _____ **DATE:** _____ **PAYMENT:** *Check PREFERRED, please - Must have completed check and forms to participate. Check Payable to RTSD; Memo: "Child's Name -RAW Activity Fee"*

ACTIVITY FEE **

- ___ \$85 = FALL PRODUCTION CAST ___ \$60 = CREW - FULL YEAR
- ___ \$55 = SPRING PRODUCTION CAST ___ \$30 = CREW - HALF YEAR

** There is financial support available for qualifying students - Contact your Assistant Principal.

RTSD	DATE 10 25
PAY TO THE ORDER OF	\$ _____
Child Name - RAW Activity Fee	DOLLARS
⑆000000000⑆ ⑆000000000⑆	10 25

Thank you - Please place these forms and the payment in a sealed, marked envelope.



RADNOR ACTORS WORKSHOP



STUDENT MEDICAL FORM

CONFIDENTIAL - RTSD APPROVED STAFF USE ONLY

Upon the occurrence of an urgent and dire medical emergency involving your child, a staff member or adult designee will immediately call 911 if necessary, and then call the parent/guardian(s) listed here (print neatly) :

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Please neatly list all allergies, medical conditions, and/or challenges that the staff must be aware of for your child's health and safety in order to provide effective supervision; or, initial the opt-out below, if preferred.

____ "I choose not to provide this information, and I accept the risk of omission herein." (Sign: _____)

Please list all medications & dosage for your child, in the case of emergency: or initial the opt-out below, if preferred. (Note: Staff is not permitted to administer or retain any medication, including OTC medicines; this is purely informational.)

____ "I choose not to provide this information, and I accept the risk of omission herein." (Sign: _____)

Please list physician office & insurance information for your child; or initial the opt-out below, if preferred.

PHYSICIAN: _____ INSURANCE: _____

PHONE: _____

____ "I choose not to provide this information, and I accept the risk of omission herein." (Sign: _____)

Student health and safety are paramount. Theatre, like any sport or activity, has inherent risks.

Therefore, injuries beyond a band-aid or illness will be reported to parents/guardians. Parents/guardians agree to be available to pick up a student when needed. In a serious event, be advised 911 will be contacted **FIRST** before contacting you. Any time 911 is called, the student will stay in the supervision and care of a Staff member at all times acting **in loco parentis**. This confidential form will be used for reference for medical concerns, and when necessary, this form will be brought to a medical facility and shared with medical professionals when a Staff member is escorting a student.

"I recognize that theatre by its nature is an activity that has present and inherent risk of injury to my child and/or others. Therefore, I hereby give permission to the Staff (and/or an adult designee of the Staff, such as a qualified medical professional) in dire emergency to give first aid. I agree the Staff will call 911 in dire emergency & cooperate with responding medical professionals, and/or escort my child to the hospital, **acting in loco parentis** until I or my designee can arrive. I understand that if I have chosen not to provide complete information herein, I accept the risks inherent in that omission."

PARENT/GUARDIAN SIGNED: _____ DATE: _____