

- CHECKLIST - 3 ITEMS:**
 ___ Activity Fee - Check Only
 ___ Audition Contract
 ___ Medical Form
 ___ SEALED, MARKED ENVELOPE



Stage Managers ONLY:
 Payment: ___ #: ___
 Contract: ___
 Medical: ___
 Blacklisted? Yes No

WHOSE LINE AUDITION CONTRACT

Please Write Neatly

NAME: _____ GRADE: _____ AGE: _____

HOMEROOM: _____ EMAIL: _____

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

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

T-SHIRT SIZE: _____

- - CONTRACT - READ THIS CAREFULLY - IT WILL BE KEPT ON RECORD - -

- 1- **CASTING** = "I agree that the casting and stage crew decisions are final, and that every effort is undertaken in choosing the best actor or crew member to fit the **needs of the overall show**. I know that I can get feedback with the director. I understand that, unfortunately, not everyone can be casted for this show."
- 2- **DEDICATION** = "I recognize that theatre - especially improv - 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 be on time. I will communicate with the stage managers about my attendance. if casted, I agree to attend my required quota of rehearsals, and meet with my team."
- 3- **SCHEDULE**= "I have recorded the dates of the show, and I **acknowledge that I am required to be available the week of the show for all dress rehearsals and performances**. No exceptions will be given to that rule. I also recognize that I am expected to attend the performance of *Whose Line Junior*."
- 4 - **ELIGIBILITY**= "I understand that RHS has a strictly enforced eligibility policy, and that if I become ineligible, it is quite likely that I will be dropped from the show permanently."

"I have read and agree to this contract." - **STUDENT SIGNED:** _____

----- PARENT SECTION -----

PARENT NAME(S): _____

EMAIL: _____ and _____

PARENT CELL: _____

PARENT CELL: _____

Want to receive updates? Parents are invited to sign up to receive text messages via the Remind service by visiting www.radnoractorsworkshop.org. This service is optional, and you may cancel at any time. These texts will be the primary method of communication.

"I hereby give permission for my son(s)/ daughter(s) to participate in this activity. I also have included a check for the activity fee for each child involved in the production, which will cover cast meals, t-shirt, and one free shout out in the program, as well as set/rentals/costume/prop costs associated with the production.

I acknowledge RHS eligibility requirements regarding student activities at Radnor High School. If my child receives more than one failing grade and becomes ineligible, they may be dropped from the show, and no refund will be available for the Activity Fee. **Students who perform in improvisation are expected to maintain a strict PG-13 guideline for material, and may be dropped from the show for any and all performances that are deemed offensive, at the sole discretion of the Director.**

"I have read this student contract. I agree to the terms. I allow my child to participate. I have completed the medical form as well."

PARENT SIGNED: _____

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

RADNOR

ACTORS WORKSHOP

WHOSE LINE ACTIVITY FEE

Stage Managers ONLY:
 Payment: Check #: _____
 Date: ____
 Circle: _____



Please Write Neatly

STUDENT NAME: _____ GRADE: _____

HOMEROOM: _____ EMAIL: _____

ACTIVITY FEE - WHOSE LINE IS IT, ANYWAY?

1- FEE IS DUE AT AUDITIONS = Each student who wishes to audition must have a completed check for the Activity fee, in addition to the Audition Contract and Medical Form.

2- WHAT IF MY CHILD IS NOT CASTED THIS YEAR? = Unfortunately, there is a strict cap on how many students can be casted for this production. If your child is not casted, the activity fee check will be returned to you. It will be delivered to your child in their homeroom no later than one week after the cast list is posted; or, if you wish, we can destroy the check here onsite.

3- WHAT DOES THIS FEE COVER? = Each cast member gets a *Whose Line* shirt, and we will be providing meals for the evenings of dress rehearsals. The fee also helps to cover costs of program printing, scenery elements, lighting and/or sound rentals, posters, and other elements that will enhance the show.

4 - WHAT IF MY CHILD IS DROPPED FROM THE SHOW? = If a student voluntarily withdraws from the show for a serious reason, the activity fee is refundable up until two weeks prior to opening night. If a child is dropped from the show, the activity fee is non- refundable. Reasons a student may be dropped from the show include, but are not limited to: Failure to remain academically eligible; Failure to attend the quota of rehearsals; Failure to adhere to the PG-13 rating, and/or performing a seriously offensive or insensitive act or idea within their improvisations; Other offenses, at the sole discretion of the Director.

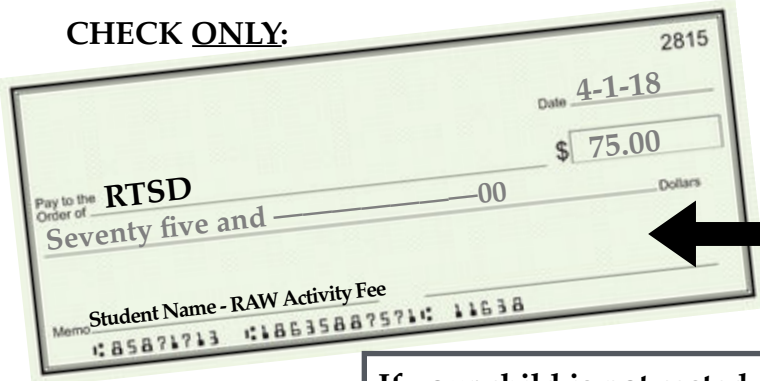
----- OPTIONS -----

CHOOSE ONE:

FEE OPTION ONE:
 - \$50.00 PAYMENT
 - **REQUIRED to secure ONE AD or FIVE SHOUT OUTS for the program.****

FEE OPTION TWO:
 - \$75.00 ONE-TIME PAYMENT
 - *Exempt from securing an Ad or 5 Shout Outs for the program.*

CHECK ONLY:



- Check to be made out to Radnor Township School District, or "RTSD"
 - Memo: "Student Name - RAW Activity Fee"

If your child is not casted, what would you like us to do with your check?
 ___ Please return it to me via my child's homeroom.
 ___ Please destroy the check completely, and discard.

** Failure to acquire an Ad or FIVE Shout outs for the program will incur a \$25.00 fee. If left unpaid, this fee will be handed over to the school as a school fee to be collected, and the student will be blacklisted from future performances.



RADNOR

ACTORS WORKSHOP

MEDICAL FORM



CONFIDENTIAL - DIRECTOR'S USE ONLY

In the case of a severe emergency involving your child(ren), 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, or other issues that the staff should be aware of for your child(ren)'s safety at all types of rehearsals.

*Please list all medications and dosage taken by your child(ren), in the case of emergency:
(Note: Staff is not permitted to administer or retain any medication, including OTC medicines.)*

*Please list the physician office and insurance information
for your child(ren), in the case of emergency:*

PHYSICIAN: _____ **INSURANCE:** _____

PHONE: _____ "I prefer not to provide this information." (Initial)

Our students' health and safety are very important.

In the case of a severe emergency, please be advised we will **FIRST** call 911, before contacting you, if the student's health or safety are in need of urgent attention. An injured student will stay in the supervision and care of a RAW Staff member at all times in an emergency, as we will act **in loco parentis**. This form will be used for reference in all medical concerns, and brought to the hospital if a Staff member is escorting a student.

*"I hereby give permission to the Staff of Radnor Actors Workshop, or an adult designee of the Staff, such as a present, qualified medial professional approved by the Staff, to administer first aid; In the case of severe emergency, give first aid, and call 911 and communicate with responding paramedics and/or escort my child(ren) to the hospital, **acting in loco parentis** until I myself or my appointed designee, arrives; Or take action as I otherwise verbally indicate over the phone."*

PARENT SIGNED: _____ **DATE:** _____