

**CHECKLIST REQUIRED ITEMS**

Registration Agreement p1+2 *completed*

Medical Form p3 *completed*

Activity Fee

SEALED & MARKED ENVELOPE

# RADNOR

## SPRING MUSICAL

### REGISTRATION AGREEMENT

**Staff Use ONLY:**

Payment: \_\_\_ #: \_\_\_

Contract: \_\_\_

Medical: \_\_\_

*Please Write Neatly*

#### 1 - STUDENT INFORMATION

ALL Students **MUST** have completed forms AND fee in order to be allowed to register, and thus audition. **NO EXCEPTIONS.**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ GRADUATING CLASS: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

#### 2 - REMIND SERVICE

We use the **Remind** service/app as the primary means of communication. You are **required** to sign up for texts/ email updates from Remind. **No exceptions.**



**remind**  
To the number 81010:  
send the following text:  
"@smrhs2324"  
[www.remind.com](http://www.remind.com)

"I successfully signed up for Remind via text or email."  
STUDENT INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

#### 3 - TEAMUP CALENDAR SERVICE

We use the **Teamup** service/app as the calendar rehearsal schedule. You may download the app, or use the links below, to access the Teamup calendar. Students can comment on events. You are **required** to click on the event titled "General Meeting", and leave a comment with your name.



**teamup**  
Visit/View:  
<https://teamup.com/ksv58rg5gegq164y2>  
Subscribe (via ics):  
<https://ics.teamup.com/feed/ksv58rg5gegq164y2/0.ics>

"I successfully accessed Teamup, and left a comment, and here is the code:"  
STUDENT INITIALS: \_\_\_\_\_ CODE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### 4 - CONFLICTS & AVAILABILITY *Please check off when you're available. Let us know of your conflicts.*

Time:	SUN	MON	TUE	WED	THU	FRI	SAT
Afternoons *	___	___	___	___	___	___	___
Evenings	___	___	___	___	___	___	___

**SIGNIFICANT EVENTS - LIST DATES HERE**  
*(medical appointments; college visits; trips; weddings, etc.)*

\* Afternoons on school days refers to "after school" hours, until 6:15 PM; otherwise, after 1:00 PM on Sun/Sat.

We encourage and try to work with other activities you have! Every effort is made to accommodate excused absences; but there is a limit to how much we can give you to do in the show, so: **Please be sure to list every non-emergency conflict in this section! Failure to do so, and failure to communicate emergencies, will be an automatic UNEXCUSED ABSENCE.**

#### 5 - STUDENT UNDERSTANDING and AGREEMENT

**1-SAFETY** - "Safety and health come first. I understand and I agree that theatre is an activity that has risk of injury to myself or others, including - but not limited to - 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.**"

**2-ASSIGNMENT** = "I understand and I agree that decisions for casting, musician, & stage crew are final, and that every effort is undertaken by the Staff in choosing the best student actor, musician, or crew to **fit the needs of the overall production, not** what I - nor my family/ friends - feel entitled to. Previous roles are irrelevant to assignments. Seniority is **only** a tie-breaker between two capable students."

**3-DEDICATION** = "I understand and I agree that theatre is a team sport. Each person **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 Stage Managers about my attendance. **I agree that on time means five minutes prior to the beginning time.** I recognize that theatre is hard work, there are many tasks to perform, before & after the show, and laziness/ indifference holds everyone back. **I agree to perform all tasks.**"

**4-SCHEDULE** = "I understand and I agree that I am expected to attend all assigned regular rehearsals. Excessive lateness or absence will result in dismissal from this activity, at sole discretion of the Director. I also understand and agree that I am **absolutely required** to attend all events the **two weeks prior** to opening night of the show with **NO ABSENCES WHATSOEVER.**  
*I also understand that after the closing performance, all are called to help strike sets, props, etc."*

**5-ELIGIBILITY** = "I understand and I agree that RHS has an eligibility policy, and that **if I become ineligible, it is likely that I will be dropped from the production permanently and my role re-assigned.**"

**ITEM 4 STATEMENT: "I am COMPLETELY OPEN, NO CONFLICTS in the two weeks prior to opening night."**

*(Any conflicts whatsoever in that time period will likely limit the overall opportunities for this production, such as roles being casted; crew assignment; etc)*

YES  NO

"I agree to these guidelines, as well as the RHS Student Handbook."

**STUDENT SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_**

## 1 - PARENT/GUARDIAN INFORMATION

PARENT / GUARDIAN NAME: \_\_\_\_\_  
 PARENT / GUARDIAN NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CELL: \_\_\_\_\_ CELL: \_\_\_\_\_

We use the **Remind** service/app as the primary means of communication with the students in the cast, crew, and orchestra. You are invited to sign up to receive Remind messages via text/email as well.



To the number 81010:  
 send the following text:  
 "@smrhs2324"  
[www.remind.com](http://www.remind.com)

We use the **Teamup** service/app as the calendar rehearsal schedule with the students in the cast, crew, and orchestra. You are invited to access the Teamup app/website as well. You can subscribe to our calendar feed, or simply visit the website calendar. You can also choose to see rehearsals in week or month view, or see a list of all events in agenda view.



Visit/View:  
<https://teamup.com/ksv58rg5gegqp164y2>  
 Subscribe (via ics):  
<https://ics.teamup.com/feed/ksv58rg5gegqp164y2/0.ics>

## 2 - COMMITTEES and VOLUNTEERING

Please help us to create the best experience we can. Our students need you, and your skills, time, and talents - all are welcome, encouraged, and invited to help in some way. Join our Radnor performing arts family - we have a fun time supporting the kids!

### COMMITTEES

These are the committee teams that support our Musical. Please circle a Committee you would be interested in assisting in some way.

**COSTUMES** **HAIR & MAKEUP** **HOSPITALITY** **CONCESSIONS** **TICKETS** **PUBLICITY** **PROGRAM & ADS** **USHERS**  
*all things wardrobe assist actors to prepare rehearsal meals/snacks lobby goods and decor sales/plans socials/press/posters find sponsors/ads; playbill audience help*

Other skills/talents/ideas that you might be able to volunteer? \_\_\_\_\_

### AVAILABILITY

Life is busy; please circle what kind of availability you might have:  
 (0 = not available to help; 5 = good availability to help)

0 - - - 1 - - - 2 - - - 3 - - - 4 - - - 5

### QUESTIONS?

Feel free to attend our Parent Meeting held the 2nd week of January, or:  
 Email Executive Producer Mrs. Alexis Braunfeld:  
[Alexis.Braunfeld@rtsd.org](mailto:Alexis.Braunfeld@rtsd.org)

## 3 - PARENT/GUARDIAN - PERMISSION, UNDERSTANDING, and AGREEMENT

"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 3. I have reviewed each of the the same guidelines that my child also agrees to on page 1. I understand and I agree with those guidelines as well. I understand and I agree that - as in any sport or student activity - there is inherent risk of injury. Safety precautions must be followed at all times by my child. 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 said guidelines and precepts by my student or myself could lead to student dismissal from this activity, at the sole discretion of the professional staff of the activity. Additionally, serious violations will likely lead to the student being referred to RTSD Administration."

PARENT/GUARDIAN SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*Must have completed forms and fee to participate.*  
**PAYMENT: Check PREFERRED -**  
 Check Payable to **RTSD**;

## 4 - ACTIVITY FEE SCHEDULE **\*\* (Please Check Off One)**

\_\_\_\_\_ \$100 = CAST MEMBER  
 \_\_\_\_\_ \$30 = STAGE CREW MEMBER \_\_\_\_\_ \$30 = ORCHESTRA PIT MEMBER

**\*\* There is financial support available for qualifying students - Contact your Assistant Principal. Also, it is possible for Cast members to serve in Stage Crew leading up to the show; only pay the Cast Member fee. Activity Fees are non-refundable two weeks after the first meeting/auditions in December.**

Memo: **"Child's Name -RHS Musical Activity Fee"**

RTSD		DATE 1025
PAY TO THE ORDER OF	\$	
Child Name - RHS Musical Fee		DOLLARS
MEMO		1025

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



# RADNOR SPRING MUSICAL



## STUDENT MEDICAL FORM

### CONFIDENTIAL - RTSD APPROVED STAFF USE ONLY

**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 have a student picked up 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, 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 choose not to provide complete information below, I accept the risks inherent in that omission."*

**PARENT/GUARDIAN SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*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 and in order to provide effective supervision; or, initial the opt-out below, if preferred.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR:** \_\_\_\_\_ "I choose not to provide this information, and I accept the risk of omission of this information." (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.)*

\_\_\_\_\_

**OR:** \_\_\_\_\_ "I choose not to provide this information, and I accept the risk of omission of this information." (Sign: \_\_\_\_\_)

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

**PHYSICIAN:** \_\_\_\_\_ **INSURANCE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**OR:** \_\_\_\_\_ "I choose not to provide this information, and I accept the risk of omission of this information." (Sign: \_\_\_\_\_)