

CHECKLIST - 3 ITEMS:

- Activity Fee - Check Only
- Audition Contract
- Medical Form
- SEALED, MARKED ENVELOPE

RADNOR

ACTORS WORKSHOP

Stage Managers ONLY:

Payment: ___ #: ___
 Contract: ___
 Medical: ___
 Blacklisted? Yes No

FALL PLAY - AUDITION CONTRACT, MEDICAL FORM, and FEE

Please Write Neatly

NAME: _____ GRADE: _____ AGE: _____

HOMEROOM: _____ EMAIL: _____

CELL PHONE: _____ WILL YOU SIGN UP FOR **REMINDE**R 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**, not necessarily what I feel entitled to. **I recognize that seniority or being cast previously is irrelevant to casting for this show.** Seniority is used only as a tie-breaker between two equally able students. 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 will follow all COVID regulations. 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 be on time. I will communicate with the stage managers about my attendance. If casted, I agree to attend my rehearsals, and memorize my lines in a timely fashion."

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."

4 - 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 show permanently.**"

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

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

PARENT NAME(S): _____

EMAIL: _____ and/or _____

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 will probably be dropped from the show, and no refund will be available for the Activity Fee. If my child is not cast in the show, I will receive my check back via the homeroom teacher."

ACTIVITY FEE** Check off one:

\$85.00 = No Ads/Shouts Required

\$60.00 = 1 Ad or 5 Shouts Required

Check Or Cash ONLY - Must have completed check and forms to audition. Payable to RTSD; Memo: "Child's Name -RAW Activity Fee"

****If your child drops the show: Your check will be returned to your child via their homeroom. Please note, 15 days after the cast list is posted, this Activity Fee is non-refundable.**

"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 these forms and the payment in a sealed, marked envelope.



RADNOR

ACTORS WORKSHOP

MEDICAL FORM



CONFIDENTIAL - TEACHER'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.

____ "I prefer not to provide this information." (Initial)

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.)

____ "I prefer not to provide this information." (Initial)

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:** _____