

CHECKLIST - 3 ITEMS:

- Activity Fee: Check / Cash Only
- Contract
- Medical Form
- SEALED, MARKED ENVELOPE

RADNOR

ACTORS WORKSHOP

Teacher Use ONLY:
 Payment: ___ #: ___
 Contract: ___
 Medical: ___

STAGE CREW CONTRACT

Please Write Neatly

STUDENT 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- SAFETY and GEAR = "I agree that being on stage crew is a privilege, not a right. **Safety protocols are to be followed at all times, and safety gear is to be worn at all times. Absolutely no use of tools is allowed without a staff member.** I will not work alone at any time. I will wear shoes at all times, and proper attire. I will bring and use my own dust mask, goggles, & work gloves."

2- DEDICATION = "I recognize that theatre is a team sport. Each crew member **must** fulfill their duties, or the show will not be successful. I agree to attend work days, rehearsals, and shows. I agree to be on time. I will communicate with the Stage Crew Coordinator about my attendance."

3- SCHEDULE= "I will be sure to check the schedule often, taking note of assigned work days and events."

4 - ELIGIBILITY= "I understand that RHS has a strictly enforced eligibility policy, and that if I become academically ineligible, it is quite possible that I will be dropped from the stage crew. **Violation of any safety rules, engaging in unsafe conduct, and/ or use of tools without a staff member present will lead to IMMEDIATE dismissal and ineligibility from the crew.**"

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

CHOOSE THE FOLLOWING: ✓

I am joining the crew for: ___ FALL PLAY ___ SPRING MUSICAL ___ WHOSE LINE

----- **PARENT SECTION** -----

PARENT NAME(S): _____

EMAIL: _____ and _____

PARENT NAME and CELL: _____

PARENT NAME and CELL: _____

"I hereby give permission for my son(s)/ daughter(s) to participate in Stage Crew. 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. I allow my child to work with power tools, and I understand that **my child may NOT use power tools without a staff member physically present.** Doing so will lead to **immediate** dismissal from the Crew. I understand that my child will not be allowed to participate without proper safety gear, including proper attire, as well as their own dust mask, goggles, and work gloves. I agree that my child will be **immediately** dismissed for any unsafe behavior or actions; **that is a zero tolerance policy, since safety is most important.**"

PARENT SIGNED: _____

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

RADNOR ACTORS WORKSHOP

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

STAGE CREW PAYMENT FORM

→ Please Write Neatly ←

STUDENT NAME: _____ GRADE: _____

HOMEROOM: _____ EMAIL: _____

ACTIVITY FEE - RAW - STAGE CREW

- WHAT DOES THIS FEE COVER?

Each crew member will receive communal protective equipment; some meals during long building days and/or rehearsals for shows; and stage crew t-shirt for each show.

- WHAT IF MY CHILD IS DROPPED FROM THE CREW?

As of three weeks prior to the production(s), then the fee may not be able to be refunded.

1 CHOOSE:

I am joining the crew for the FULL YEAR of SHOWS- \$75.00

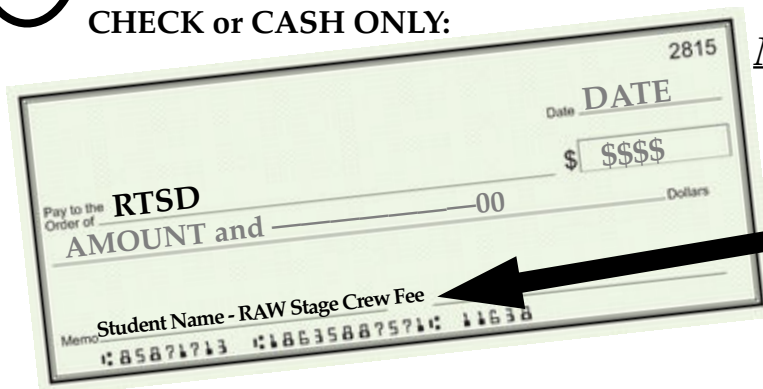
Or:

I am joining the crew for the FOLLOWING SHOW(S): *Check: ✓*

FALL PLAY	September thru November	\$30	
SPRING MUSICAL	January thru March	\$40	
WHOSE LINE	April thru June	\$20	
TOTAL:		\$	

2 PAYMENT:

CHECK or CASH ONLY:



Must have completed payment and forms in a marked envelope, handed in to Mr. Dietzler prior to beginning work with the stage crew.

- Checks Payable to RTSD
- Memo: "Student's Name -RAW Stage Crew"
- Please PAPER CLIP your cash/check to this form.
- Please do not staple.



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, please):

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Please neatly list all allergies, medical conditions, or other issues that the staff should be aware of for your child's safety at all types of events, and using tools:

*Please list all medications and dosage taken by your child, 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 medical 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:** _____