

**CHECKLIST - 2 FORMS to FILL:**  
 (please print each form to its own page)  
 \_\_\_ Activity Registration and Fee  
 \_\_\_ Medical Form

# RADNOR ACTORS WORKSHOP

## ACTIVITY REGISTRATION and FEE

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, instead of spreading negative energy on social media or with others. I understand that, unfortunately, not everyone can be chosen for what they want."

**2- DEDICATION** = "I recognize that theater 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. I agree to immediately begin researching and memorizing my role if I am chosen for a role. I also recognize that any blocking, props, or costume notes given to me must also be prepared to be ready for performance."

**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 the director makes every effort to create a schedule that avoids wasting my time."

**4 - ELIGIBILITY**= "I understand that RHS has a strictly enforced eligibility policy, and that if I become ineligible for the play, that it is quite likely that I will be dropped from the play permanently."

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

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

*Please complete the information below.*

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 the RAW website via Mr. Dietzler's teacher page. 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/costume/prop costs associated with the production.**

**I also acknowledge that, in accordance with the 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."**

**ACTIVITY FEES:**  
**Actors: \$75.00 / Crew: \$35.00**

*Checks payable to RTSD; Memo: Child's Name, and purpose for check*  
 Can we count on you to volunteer? \_\_\_\_\_ YES! \_\_\_\_\_ NO

"I have read this student contract and allow my child to participate." - **PARENT SIGNED:** \_\_\_\_\_



# 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:** \_\_\_\_\_