

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



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

STAGE CREW 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- **SAFETY** = "I agree that being onstage 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 saws is allowed.** I will not work alone at any time."
- 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 Captains about my attendance."
- 3- **SCHEDULE**= "I will be sure to check the schedule online 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 ineligible, it is quite possible that I will be dropped from the stage crew."

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

CHOOSE THE FOLLOWING:

- ___ I am joining the crew for the FALL PLAY OR WHOSE LINE ONLY - \$30.00
- ___ I am joining the crew for the FALL PLAY and WHOSE LINE ONLY - \$60.00
- ___ I am joining the crew for the MUSICAL ONLY - \$30.00
- ___ I am joining the crew for the FULL YEAR- \$80.00

----- 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."

PARENT SIGNED: _____

Thank you - Please place this form, payment form, and the payment in a sealed, marked envelope.

RADNOR

ACTORS WORKSHOP

STAGE CREW PAYMENT FORM

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

▶-----▶ *Please Write Neatly* ◀-----◀

STUDENT NAME: _____ GRADE: _____

HOMEROOM: _____ EMAIL: _____

ACTIVITY FEE - RAW - STAGE CREW

- WHAT DOES THIS FEE COVER?

Each crew member will receive 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.

CHOOSE ONE OF THE FOLLOWING:

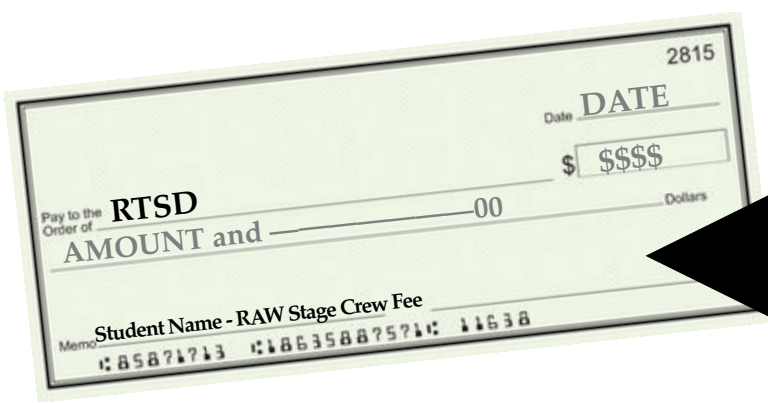
I am joining the crew for the FALL PLAY ONLY - \$30.00

I am joining the crew for the FALL PLAY and WHOSE LINE ONLY - \$60.00

I am joining the crew for the MUSICAL ONLY - \$30.00

I am joining the crew for the FULL YEAR- \$80.00

CHECK ONLY:



activity



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 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:** _____