



MAINSTAGE INFORMATIONAL PACKET

Please Complete & Return Your Signed Copy to:
Mainstage@saltwaterPAC.org
(Due prior to the first day of rehearsal)

Contact Mainstage Administrator, Jan Shiff
at 912-510-9700 for additional information



INFORMED CONSENT

SHOW/ROLE/CAST: _____

Cast/Tech Member Name: _____

Parent/Guardian Name: _____

I, _____, confirm that I am the parent or legal guardian of minor child, _____ . I hereby consent to their participation in the production above.

I have provided emergency contact details below and undertake to inform Saltwater Performing Arts with 72 hours of any changes. I confirm that all details are correct and I am able to give parental consent for my child to participate in all theatrical activities with the organization. I confirm that I have read the documents referenced below [available at www.saltwaterpac.org/cast] and have attached other necessary documents listed and undertake to abide by the obligations which it imposes on me as the parent/legal guardian of the above-named child.

READ ONLINE & INITIAL

- _____ General Information (completed)
- _____ Cast Code of Conduct
- _____ Behavioral Policies and Procedures
- _____ Dress Code
- _____ Costuming Policies and Procedures
- _____ Wellness Policy
- _____ Check In/Out Policy & Procedure
- _____ Volunteer Code of Conduct

ATTACHED

- _____ Medical Information & Authorization
- _____ Accident Waiver
- _____ Attendance Policy
- _____ Check-In and Out Authorization List
- _____ Costume Purchase and/or Donations
- _____ Media Release
- _____ Volunteer Commitment

PRINT SEPERATELY

- _____ Covid-19 Consent Form

SIGNATURE:

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

As a cast or tech member, I have also read and acknowledge all documents listed above.

Cast/Tech Member Signature: _____ Date: _____

Administration Signature: _____ Date: _____



MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL CARE

I. Basic Personal Information (please print)

Today's Date: __ / __ / __

Child's Name: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Other Phone Number: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): (_____) _____, (_____) _____

Contact's Address: _____ City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (_____) _____

Insurance Provider: _____ Phone Number: (_____) _____

Policy Number: _____

Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please include a copy of the front and back of your insurance card.

III. MEDICAL INFORMATION

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) _____

List any medications your child is currently taking, their purpose, dosage, and times taken:

Does your child require assistance with medication? If yes, please explain: _____

Does your child need any accommodations to safely participate in the program? If yes, please explain.



MEDICAL INFORMATION AUTHORIZATION FOR MEDICAL CARE

IV. Authorization for Medical Care

I understand that my child is participating in a Saltwater Performing Arts (SPA) / St. Marys Children's Theatre (SMCT) program. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify SPA/SMCT of any changes in my child's mental, physical, or medical condition once I have learned of such change.

I understand that SPA/SMCT does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in any SPA/SMCT program. In the case of accident or illness, I hereby authorize SPA/SMCT's staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify SPA/SMCT and staff from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such SPA/SMCT program.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____



ACCIDENT WAIVER RELEASE OF LIABILITY

By signing this Waiver, I assume all risk of my child and/or myself participating in the above activity (hereinafter "activity"). Without signing this form, neither myself, nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of personal injury and that I undertake and assume this risk for myself and my child. On behalf of myself and my child, I further waive and release the promoters of the activity, school facility, any insuring entity of the above, and their directors, board members, officers, employees, volunteers, agents, representatives, or assigns, as well as the activity sponsors, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any y occur as a result of my or my child's participation in the above activity. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons.

| CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE ACTIVITY AND THAT THERE ARE NO HEALTH RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE ACTIVITY. I HAVE NOT BEEN ADVISED OF ANY REASON WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE ACTIVITY.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance. I understand that I and/or my child may be photographed while participating in the activity. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, sponsors, producers, and their assigns. I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child arising during the course of the activity. This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified. I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Name of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

Work Phone: _____ Cell Phone: _____



ATTENDANCE POLICY CHECK IN / OUT AUTHORIZATION

Cast/Tech Member Name: _____

ATTENDANCE POLICY:

The rehearsal schedule is created to the best of our ability using your listed conflicts at the time of your audition. When you are unable to attend a scheduled rehearsal for which you are called, it negatively impacts your fellow cast mates and requires additional time to recover missed material. All conflicts listed in advance will be excused. Thereafter, you will have 2 absences excused by parent note. Unexcused absences (more than 2) may result in your role being recast or you being expelled from the show without refund. In the event of illness (see Wellness Policy), you are expected to attend rehearsal via Zoom. If you are ill, please contact the Program Administrator as soon as possible to make arrangements to appear remotely. In the event of excessive absences due to (or prolonged) illness, you may be asked for a doctor's note verifying you were sick and/or are well enough to return to rehearsal.

CHECK IN/OUT AUTHORIZATION:

List at least two individuals authorized to pick up cast member:

Name:

Phone number:

_____ Please initial if your child will be driving his or herself to and from practice.

Please sign below that:

- 1) You have read and agree to abide by the attendance policy.
- 2) The individuals above may pick your cast participant up with proper photo ID.

Parent Signature:

_____ Date: _____

Participant Signature:

_____ Date: _____



C O S T U M E D O N A T I O N

Please read the Costuming Policy & Procedures available online if you have not done so already. Costumes constitute a significant portion of show expenditures. If you would like to contribute to your costume or would like to purchase it in its entirety, please see below.



**TAX-DEDUCTIBLE GENERAL COSTUME DONATIONS CAN BE
MADE ONLINE IN \$5 INCREMENTS AT THE
MAINSTAGE STORE (UNDER CAST).**



**AT THE DISCRETION OF THE TECHNICAL DIRECTOR
SOME COSTUMES CAN BE SOLD AFTER THE SHOW.
PLEASE CONTACT THE TECHNICAL DIRECTOR AND ADMIN IF YOU
ARE INTERESTED IN PURCHASING YOUR COSTUME AT THE
CONCLUSION OF THE SHOW.
PRICES GENERALLY RANGE FROM \$25-50.**



PURCHASING YOUR OWN COSTUME FOR THE SHOW

____I will obtain approval from the Technical Director and/or Costumes Mistress in advance of any costumes purchase. I will purchase my costume for my own use. I understand that I am personally responsible for insuring that is in kept in good order and ready for all dress rehearsals and shows. I will clearly mark it with my name and keep it safe and secure.

Name: _____

Phone: _____ Email: _____



MEDIA RELEASE AGREEMENT

Cast/Tech Member Name: _____

As the Parent or Legal Guardian of _____, I hereby authorize the recording, video filming, and/or photographing of my child. Further, I agree to the use of my child's name, likeness and achievement(s) for educational and other bona fide related, non-profit purposes, including marketing and promoting Saltwater Performing Arts, The St. Marys Children's Theatre, the Friese Studio of Music & Performing Arts and/or Lisa Allen's Dance Works and consent to the display of such to any persons. I authorize the use of any such recording, video film, and/or photographs, and/or and other such information in all media in perpetuity and without claim to compensation. I agree to release and hold harmless Saltwater Performing Arts, The St Marys Children's Theatre, The Friese Studio of Music & Performing Arts and Lisa Allen's Dance Works for the use of any such material.

Parent Signature:

_____ Date: _____



VOLUNTEER COMMITMENT

Cast/Tech Member Name: _____

Adult volunteers are critical to the success of the show. We cannot do it without you. Family members are expected to volunteer 10 hours per show. Check areas of interest below and circle which part may best suit you. Volunteers are responsible for tracking their volunteer hours. After completing 10 volunteer hours, you will receive one complimentary show ticket per family.

____ Please initial. All adult volunteers will obtain a background check from the local police department or sheriffs office. They will charge you a fee for this (between \$10.00-\$20.00) and paid for by the volunteer. Once complete, the volunteer will provide the document to Jan Shiff at The Friese Studio of Music.

Volunteer Name (print) _____ Relationship to Participant _____

Phone Number _____ Email _____

Volunteer(s) Name (print) _____ Relationship to Participant _____

Phone Number _____ Email _____

These positions require availability throughout the rehearsal schedule.

- ____ Stagecraft/Sets: Assist on scheduled stagecraft/set-building days
- ____ Costumes/Wardrobe: design, sew, alter, organize, clean
- ____ Advertising / community involvement - solicit for sponsorships and program ads
- ____ Daytime shopper
- ____ (T) Theater Clean-up: Monday after last performance.

These positions require availability at rehearsals and performances when we are at the Theatre.

- ____ (SBA) Sound Board Assistance and wireless mic setting on actors
- ____ (SLA) Stage Lighting Assistance (spots, etc)
- ____ (CI) Actor and Tech Check-In and Out Door Monitor at rehearsals and/or performances
- ____ (HM) Hair/make-up: Assist with hair and/or make-up for rehearsals and performances
- ____ (SM) Scene/ Set Movers: Find and coordinate "Props" (movable objects used on stage)
- ____ (GRM) Green Room / Holding Tank Monitors: Monitor actors at theatre rehearsals & performances
- ____ (GRC) Green Room Costumers: Assist actors for theatre rehearsals and performances
- ____ (HM) House Management: ticket takers /will call /ushers /retail / concessions
- ____ (PH) Photography: Take cast photos during/after dress rehearsals

Committees - Establish leadership, plans and implementation

- ____ Fundraising Committee
- ____ Costume Committee
- ____ Cast Party Planning Committee
- ____ Community Involvement Committee

Parent Signature: _____

Date: _____