

JUNIOR WORKSHOP REGISTRATION PACKET

Please Complete & Return Your Signed Copy to
Junior Program Manager at
junior@saltwaterpac.org



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 a SPA Junior Workshop and subsequent production, if any. 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

- _____ Participant Information Sheet
- _____ Medical Information & Authorization
- _____ Accident Waiver
- _____ Payment/Fee Agreement
- _____ Check-In and Out Authorization List
- _____ Media Release
- _____ Volunteer Commitment

PRINT SEPARATELY

- _____ 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: _____



PARTICIPANT INFORMATION

GENERAL INFO:

Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Relationship to Participant _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Relationship to Participant _____ Email: _____

Emergency Contact: _____ Phone: _____

EDUCATIONAL NEED:

Please list below any information SPA should know about participant:

Please provide specific details on a separate sheet for any items checked

Autism _____ ADD / ADHD _____ Oppositional Defiant _____ Physical Disability _____ Other: _____

EXPERIENCE:

List any experience in music, theatre or dance: _____

SIZING:

Height: _____ Weight: _____ Pant Size: _____ Shirt Size: _____ Shoe: _____

AVAILABILITY:

____ I/we understand that participation in a SPA production is a commitment of time and effort

____ I/we understand that SPA JR participants who miss more than 3 rehearsals risk being re-cast or removed from the cast without refund

____ I/we have provided an e-mail and/or address that is monitored daily

____ I/we have provided phone contacts that will respond immediately to voicemail or text

____ I/we will immediately address any concerns or conflicts to the director immediately

List any scheduling conflicts: _____

Participants are expected to attend rehearsals and performances unless listed as a conflict above (or with a physician note confirming illness). In the event of an illness or emergency, please contact the Director immediately. Please sign below acknowledging attendance expectations.

Parent 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

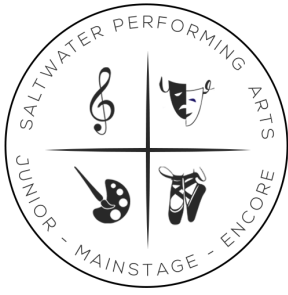
Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

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.

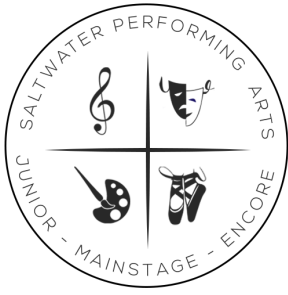
I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including 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: _____



PAYMENT/FEE AGREEMENT

Cast/Tech Member Name: _____

Thank you for considering Saltwater Performing Arts' Junior Workshops for your child's theatrical experience. We offer payment plans to any families that would prefer to spread their payments out to make our workshops a reality for their children. We also offer a limited amount of financial assistance to families that are in need. Please complete this form in acknowledgement of our payment plan and policies.

TOTAL DUE: \$265 + \$25 REG FEE = \$290

\$25 registration, \$200 tuition, \$40 participant pack(T-shirt, 1/8 ad in Currents program), \$15 administrative fee, \$3 Covid-Mitigation fee, \$7 (3%) processing fee

Pay the registration fee online first to reserve your spot and ensure availability: \$25

Payment options:

- Full payment: \$290* due prior to start of workshop (\$25 registration, + \$265 tuition)
- Pay \$25 registration fee to reserve your spot
 - Then, select Split Payment: \$132.50 tuition payment one + \$132.50 tuition payment two
 - \$132.50 due prior to the start of the workshop
 - \$132.50 due BEFORE the first Monday of the third month (January & March or August & October)
 - Or, select Monthly Payments: \$66.25 per monthly for 4 months
 - \$66.25 due prior to start of the workshop
 - \$62.25 due BEFORE the first Monday of the month for each consecutive month x 3 months (Spring payments: January, February, March, April / Fall payments: August, September, October, November)

Participation Pack: Will include a 1/8 page ad in the program and a show shirt

Payment Policies:

- Responsible parties should select a payment plan at the time of registration
- Registration is due in advance to reserve the participant's place
- Space is limited so register early to insure a seat in the workshop
- Full or first payment are due prior to the first day of the workshop
- Additional payments are due BEFORE the first Monday of the month
- Participants may not attend workshops if payments are not current
- Participants who miss more than 3 rehearsals risk being re-cast or expelled from the show without refund
- Please do not drop children off if payments are not current, as they will not be allowed to participate & a parent or guardian will be called to pick them up
- A late payment fee of \$15 will be applied to any split or monthly payments not received by the first Monday of the month

Parent Signature: _____ Date: _____



CHECK IN/OUT AUTHORIZATION

Cast/Tech Member Name: _____

Parent/Guardian Name: _____

People authorized to pick up cast member (please list at least two):

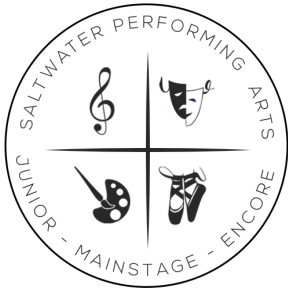
Name: (One per line)

Phone number:

_____ Please initial if your child will be driving his or herself to and from practice.
Please sign authorizing the above people to pick up your child, and that you will make sure
that they are given a pick up card.)

Parent Signature:

_____ Date: _____



MEDIA RELEASE AGREEMENT

Cast/Tech Member Name: _____

Parent/Guardian 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 a minimum of 10 hours per show. Check areas of interest below and circle which part may best suit you.

____ 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: _____