

Newcomb PTA Theatre Program Consent Form

(one per child)

Student Name	Student Grade	Teacher	Shirt Size
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Home Address	City	State	Zip
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E-mail Address	Home Phone #
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Parent/Guardian Name	Cell/Work Phone #
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Parent/Guardian Name	Cell/Work Phone #
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Additional Emergency Contact Other than Parent/Guardian	Relationship	Phone #
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PARTICIPATION CONSENT: I, the undersigned, being the parent or legal guardian of the above named child/ward, do hereby consent to the participation of my child/ward in all the regularly scheduled activities of the **2020 Newcomb PTA Theatre Program** (“Program”). I agree to notify the **Newcomb Academy PTA** (“NAPTA”) and/or its production agent the **Children’s Theatre of Long Beach** (“CTLB”) in the event of any health changes that would restrict my child/ward’s participation in any activity. I also understand that NAPTA and CTLB reserves the right to restrict my child/ward from any activity that they do not feel is within the physical capabilities of my child/ward.

LIABILITY RELEASE: I, the undersigned, do hereby release, forever discharge and agree to hold harmless NAPTA and CTLB, their directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child/ward while involved in the Program. Furthermore, I [and on behalf of my minor child/ward] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

MEDICAL TREATMENT CONSENT: I, the undersigned, in the case of a medical emergency, hereby authorize NAPTA and CTLB to procure emergency medical services and authorize the providing of necessary medical services in the event of injury or illness. Furthermore, I understand that NAPTA and CTLB will not be responsible for medical expenses incurred, but I shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered pursuant to this authorization. I certify that my child/student is able to participate in all activities. This authorization is to remain in effect from **February 6, 2020 – June 11, 2020**

MEDIA RELEASE: I, the undersigned, do hereby grant permission for NAPTA and CTLB to photograph, video and/or voice record my child/ward during the Program (or allow area news reporters to do the same) and to use such images and/or recordings for purposes of in-house NAPTA and/or CTLB use and/or for public promotion of NAPTA and/or CTLB including but not limited to brochures, websites, digital media, newspapers and social media.

Signature of
Parent/Guardian _____ **Date:** _____

Newcomb PTA Theatre Program Behavior Contract

(one per child)

The following behavior guidelines have been established to create a safe, enjoyable, and productive learning environment for all participants in the **Newcomb PTA Theatre Program** (“Program”):

Student Responsibilities

- 1) **Listen and follow instructions;**
- 2) **Keep hands and feet to yourself;**
- 3) **Be considerate and respectful of others and their things, including the facilities in use;**
- 4) **No foul or inappropriate language or speech;**
- 5) **No roughhousing, horse playing, or bullying;**
- 6) **Do not wander off, but stay with the group or in a designated area;**
- 7) **If going to the bathroom, never go alone, always take a buddy; and**
- 8) **Be ready for your turn.**

Failure to keep these guidelines may result in one or more of the following consequences:

- **A warning or timeout,**
- **A meeting with the Director,**
- **A call or notification to my parents/guardians,**
- **A loss or change of a role or part,**
- **A suspension or removal from the Program.**

Parent/Guardian Responsibilities

- 1) **If I stay to observe a rehearsal, I will be supportive of the staff and willing to help if needed;**
- 2) **I will pick up my child/ward promptly at the end of rehearsals at the designated location;**
- 3) **I will notify the Program staff if other transportation arrangements have been made for pick up;**
- 4) **I will notify the Program staff if my child/ward will be absent, late, or leave early from rehearsal;**

If everyone does these things, it will make for a good learning environment. That is what teamwork is all about.

Print Student Name _____

I have read [or have had read to me] these guidelines and agree to abide by them and the consequences for failure to keep them.

Signature of Student _____ **Date:** _____

I acknowledge that I have read these guidelines and have discussed them with my child/ward; and that I will accept and support whatever consequences may be applied to my child/ward due to his/her failure to keep these guidelines at the sole determination and discretion of the Newcomb Academy PTA and/or the Children’s Theatre of Long Beach.

Signature of Parent/Guardian _____ **Date:** _____