



***** DUE BY TUESDAY, NOVEMBER 13, 2018 *****

Please complete the below forms and return them to the Jamestown Play box in the office no later than **Tuesday, November 13th at 5pm**

****One Form for each child participating****

Fee is \$50 per child; make checks payable to Jamestown PTA. Your check will be returned if your child is not chosen for the play.

Student Information/Emergency Contact Form

Student's Name: _____

Grade: _____ **Teacher:** _____

Home Address: _____

Home Telephone Number: _____

Parent/Guardian Names, Cell Phone Numbers and E-Mail Addresses:

Name of Parent/Guardian 1

Cell Phone Number of Parent/Guardian 1

Name of Parent/Guardian 2

Cell Phone Number of Parent/Guardian

Email Address 1

Email Address 2

<p>My child is interested in the following role (CIRCLE ONE):</p> <p>5th Grade Actor</p> <p>My child is interested in the following crew (number the crews 1 to 3 with 1 being your child's TOP choice):</p> <p>5th Grade Backstage Crew _____ 5th Grade Set & Costume Crew _____</p> <p style="text-align: center;">5th Grade Publicity Crew _____</p>

Has your child been on the waitlist *without participating* in a previous production?

Yes or No

If YES, how many times? _____

Student's Name: _____

Persons Authorized to Pick Up Your Child:

Name Cell Phone Number

Name Cell Phone Number

Name Cell Phone Number

Student T-Shirt and Costume Size Form

Student's Name: _____

Grade: _____ **Teacher:** _____

Student Play T-Shirt Size - (circle one):

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Student's Clothing Sizes

(Please specify whether child/youth or adult sizes)

Shirts/Tops: _____

Pants: _____

Medical Authorization Form

Student's Name: _____

Birthdate: _____ Age _____ Grade _____

Student's Physician

Physician's Telephone Number _____

Please list any allergies, medications, or other issues that we need to be aware of while your child is in our care:

I affirm that I have legal custody of the minor child indicated above. I give my authorization and consent for Jamestown play personnel to administer any first aid thought to be needed at the sole discretion of the Jamestown play personnel and without further authorization from me. It is my understanding and intent in granting my consent to hold free from any and all liability Jamestown play personnel in connection with the administration of first aid to my child. I hereby affirm and agree that I have read this document.

Name of Parent/Guardian 1

Signature of Parent/Guardian 1

Name of Parent/Guardian 2

Signature of Parent/Guardian 2

Date

Student Commitment Contract

I understand that, in joining the cast or a crew of the Jamestown play, I am agreeing to attend all rehearsals, meetings, and performances unless I am ill or have been excused in advance.

I promise to speak respectfully to and behave respectfully toward the adults and students around me.

I will work hard to practice my lines, songs, and dances, or to help my crew do the best job we can.

I will be sure that I save enough time and energy to do my homework well.

I understand that, if I do not honor these promises, I will get a “strike.” If I get three strikes, I will be asked to leave the play.

My parent(s) also have read through all of the Jamestown play materials and will support me in these efforts.

Name of Student

Signature of Student

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Parental Consent and Commitment Form

I have read the Jamestown Theater Guidelines and Schedule and state that my child can make all rehearsals, barring illness or family emergency. I give permission for my child to participate in the Jamestown Elementary School Play.

Check one:

_____ I am willing and able to help on a weekly and/or as needed basis.

My availability is _____.

_____ I am unable to help this year.

Name of Student

Name of Parent/Guardian 1

Signature of Parent/Guardian 1

Name of Parent/Guardian 2

Signature of Parent/Guardian 2

Date