

Student Application Form

Summer Theater Workshop Mon. - Fri. 1:00 – 5:00 P.M. July 18- 29, 2022

Please return this form and payment of \$150.00 to
The Stevensville Playhouse 319 Main Street Stevensville MT 59870
Registration is limited ages 7 – 18 yr.

Student: First Name: _____ **Middle:** _____ **Last:** _____

Gender: Male ___ Female ___ Age: ___ DOB (mm/dd/yyyy): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Father's name: _____ **Father's Cell:** _____

Father's Work Phone: _____ Employer (Optional): _____

Mother's Name: _____ **Mother's Cell:** _____

Mother's Work Phone: _____ Employer (Optional) : _____

Guardian's Name: _____ **Guardian's Cell:** _____

Guardian's Work Place: _____ Employer (Optional): _____

Student lives with: Mother _____ **Father** _____ **Grandparent** _____ **Other** _____

School Information: Grade for August 2022 School Year: _____

Name of School _____

School District: _____

Local emergency contact OTHER than parent:

Name: _____ Phone: _____

Relationship to student: _____

Persons authorized to pick up Student:

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

PARENT PERMISSION FORM

As the parent or legal guardian of _____, I hereby give permission for my child to participate in the Stevensville Playhouse Theater Workshop. I release the Stevensville Playhouse Director, guest instructors and volunteers of liability for injuries incurred while participating in the program. I acknowledge that in any program involving activities and exploration, risks are involved.

Medical Release

I hereby authorize the Director of the Stevensville Playhouse Theater Workshop and its volunteers, supervisors, as my agents, to consent to medical, surgical or dental examination and /or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Picture Release for internal and external use

I acknowledge that the Stevensville Playhouse and/or its sponsors may utilize film, print and digital images of a student or a family, which may be taken during involvement in the Theater Workshop activities. I consent to such uses and hereby waive all rights to compensation.

By signing below, I am stating that I have read and understand the above.

Signature

Date

Participants in the Stevensville Playhouse Theater Workshop will be involved in physical activities and activities with art supplies. It is important that we be aware of any allergies or medical conditions which may affect your child's participation.

Doctor Name: _____

Phone: _____

Serious Health Problems: No _____ Yes _____

Medications: No _____ Yes _____

Allergies: No _____ Yes _____

If Yes, explain _____

STUDENT CONTRACT

Please read the following contract with your child and have them sign it so we know they understand.

I understand that participating in the Stevensville Playhouse Theater Workshop is a privilege. Even though it is not exactly the same as being in a classroom at school, I know that I have to show the same good behavior. I understand that while at the Theater Workshop I need to have respect in three main areas:

- **Respect for the Director/Volunteer: this means that I have to listen while they are talking, follow their directions the first time I am asked, and look for ways that I can help them.**
- **Respect for each other: this means that I am going to be kind to the other students at the program, thinking about how my words or actions might hurt them or make it less fun for them to be at the Theater Workshop**
- **Respect for the space: I know that we are very lucky to get to have our Workshop in the Stevensville Playhouse Theatre and I know how hard the volunteers have to work to keep it clean. So I will do everything I can to make their job easier.**

I know that if my behavior hurts the other students or keeps them from having a good time at the Workshop I will not be allowed to come anymore. So I will talk with the Director/Volunteer if I have problems and let them help me fix them. I will come to the program every day with my best attitude, ready to have fun and learn!

Student Signature

Date

PARENT CONTRACT

I understand the following things about my child's participation in the Stevensville Playhouse Theater Workshop:

- **It is a privilege for my child to participate in the Theater Workshop and not a requirement. If my child's behavior becomes disruptive or destructive, I realize that they may no longer be allowed to participate.**
- **If I am going to be late in picking my child up I will contact the program to make arrangements. I understand that I may be charged at an hourly rate if I am habitually or excessively late.**
- **Knowing that the Workshop instructor/volunteers are going to be engaging my child in active and messy activities, I will send my child in clothing that is comfortable and appropriate.**
- **If at anytime I have concerns or questions about any aspect of the program I know that I can contact the Director/Volunteer and they will be happy to talk with me.**

Parent Signature

Date