

SHAKESPEARE THEATRE COMPANY PARTICIPANT AGREEMENT

Participant's Name: _____

Parent/Guardian Name: _____

I hereby give permission for my child to attend Classes for Teens on Saturdays from 10:30 a.m. – 12:30 p.m. between September 22, 2018 – April 13, 2019.

I am aware that I may not drop off my child at the Shakespeare before 10:15 a.m. I must pick up my child at 12:30 p.m. There will be a supervisor on the premises between 10:15 a.m. and 12:30 p.m. ONLY. My child is not permitted to leave the facility while class is in session. I agree that before 10:15 a.m. and after 12:30 p.m. the Shakespeare Theatre Company is absolved from all responsibility for my child. (12:45—3:00 p.m. for 1:00 p.m. workshops.)

I understand that if my child is overly disruptive; verbally or physically abusive to another student, teaching artist, or adult; the following policy will take effect. He/she will:

- 1) Receive a verbal warning
- 2) Receive a parent check-in phone call
- 3) Be expelled from the ensemble and not allowed to return for the remainder of the program. (No refund will be issued.)

I understand that in the case of an emergency, the Teaching Artist will take appropriate action as they, in their sole discretion, deems necessary. I agree to release and hold harmless the Shakespeare Theatre Company, its directors and employees from all liability related to any incidents, loss or damages that occur as a result of my child's participation in a class at the Shakespeare Theatre Company.

I have read and understand the policies of the Shakespeare Theatre Company outlined. My child and I agree to uphold these policies. If I do not uphold these policies, I understand that the Shakespeare Theatre Company reserves the right to revoke my participation in Classes for Teens without a refund.

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

Please list prescription medication/s your child is currently taking, if any:

Please list any allergies your child has, and the severity of the reaction:

Emergency Contact Information:

Primary Contact : _____ Relationship to Child: _____

Phone: _____

Secondary Contact : _____ Relationship to Child: _____

Phone: _____