



Jr. Thespian Conference Permission Form

August 3, 2017

Dear Jr. Thespian Parents,

This year marks the 16th year Bexley has attended the Jr Thespian Conference. The Jr. Thespian Conference provides a great opportunity to network with other Jr. Thespian troupes (grades 6-8) from all around Ohio. At conference, students will be able to attend workshops, watch plays, participate in acting competitions known as Individual Events (IEs) (inducted Jr. Thespians who are interested should see me as soon as possible), and generally have fun. We will be performing a short one-act at conference, which is always a great time! Since we are performing there, students participating in the one-act must attend conference.

This year, the conference will be held at Bexley Middle School on Friday, February 23rd and Saturday, February 24th. Friday will be from 6:30PM-9:30PM, and Saturday from 8:30AM-5:00PM. I am looking for volunteers to help serve meals as well.

The total cost of the Conference is \$35.00 per student. This price includes the Conference registration fee, dinner and improv competition on Friday, lunch on Saturday, a Conference t-shirt, admission into workshops and the tech challenge, and tickets to all performances. Students should wear clothes they can move in/will be comfortable in all day, and any costume pieces needed for the shows they are performing.

The Bexley Theatre Parents offer scholarships who all students wishing to attend conference. Please e-mail me at rebecca.rhinehart@bexleyschools.org for details. All scholarships are kept strictly confidential.

Please return this permission slip to me no later than January 19th along with a check for \$35.00 made out to Bexley Theatre Arts. Once registered, there are no refunds. This is one of my favorite events all year, so thanks for joining the fun!

Best Wishes,

Rebecca Rhinehart
 Theatre Arts Director, Bexley City Schools

_____ (student's name) has my permission to go with the Bexley Theatre Arts Department Jr. Thespian Conference on February 23rd and 24th, 2018.

Parent Name _____ Signature _____ Date _____

I request permission to attend the field trip and agree to abide by the established safety rules and behavior guidelines. Signature of Student _____ Date _____

T-shirt Size (all are adult sizes) S M L XL XXL

Is the student a vegetarian?

Does the student have any other dietary restrictions?

Does the student want to perform an IE? Category _____
 Song/Play _____ Musical song is from _____

Please contact me about chaperoning!

Name _____ Email _____

DELEGATE CODE OF CONDUCT

In order to make Conference a positive experience for all those attending, Ohio EdTA requires each delegate to sign the Code of Conduct below and return it to your Troupe Director. This code will be strictly enforced.

- I realize that attending Conference is a privilege.
- I realize that I am representing my troupe, my school, and my community and will behave accordingly.
- I will not bring or use any drugs, alcohol, or tobacco. I will not gamble. I understand that breaking these rules will result in my immediate removal from Conference and a referral to my school administrator.
- I realize that proper attire (including shoes) must be worn at all times during Conference. I will wear clothing appropriate for participation in workshops and activities.
- I will refrain from bringing food and/or drink into workshop or performance areas, and I will pick up any trash I see.
- I will attend Conference events and support all performers.
- I will be attentive and cooperative at all times. I will respect all Conference participants, hotel personnel, and school staff. I understand that rudeness will not be tolerated.
- I will refrain from using and bringing hacky sacks, Frisbees, and other such objects to Conference.
- I will refrain from bringing a radio, MP3 player, or CD player into any room unless it is required for participation.
- I will refrain from taking photographs or making recordings of any performance.
- If I arrive late for a performance, I will wait quietly in the lobby for an appropriate time to enter.
- I will stay in authorized areas of the school at all times and will not leave the school grounds without permission from my Troupe Director.
- I will treat all workshop presenters as professionals, with courtesy and respect. I realize that if I am rude, uncooperative, or disrespectful, Conference leaders have the right to confiscate my name badge, remove me from the room, and report me to the State Board for discipline.
- I will refrain from destroying, damaging, taking and/or rearranging any property that does not belong to me. I understand my parents are liable for any financial responsibility for any damage or loss as a result of my actions. I will report any accidental damage to the proper official immediately.
- I realize that any delegate who fails to follow this Code of Conduct will be sent home without refund of fees and that any delegate who is sent home must be transported by a parent or guardian.
- I realize that any delegate or troupe causing a disturbance at the Conference site and/or hotel or failing to participate in Conference activities will be barred from attending Conference next year and will be reported to their school administration for discipline.

I agree to comply with all the rules printed in this Code of Conduct.

School name

Date

Print Delegate's Name

Delegate's Signature

Parent's Signature

Phone number where parent can be reached

EMERGENCY MEDICAL FORM

School name _____

Complete Part I or Part II to direct Ohio EdTA officials in the care of your child should he/she become ill or injured at Conference. If it is your wish, please sign in the box to give Ohio EdTA permission to photograph your child.

PART I: CONSENT

Delegate's Name _____

Home Address: _____ Home Phone: _____

Mother: _____ Work Phone: _____

Father: _____ Work Phone: _____

Other Authorized Contact: _____ Work Phone: _____

Name and Relationship of Relative or Childcare Provider: _____

Address: _____ Phone: _____

In the event that reasonable attempts to contact me or those listed above are unsuccessful. I hereby give my consent for the following medical care providers and local hospital to be called. I further authorize the administration of any treatment deemed necessary by the preferred doctors, or in the event that the preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital reasonably accessible.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital: _____ Phone: _____

This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts including allergies, medications currently being taken and physical impairments to which a physician should be alerted are:

Parent signature: _____ Date: _____

PART II: REFUSAL OF CONSENT (Do not complete if you completed Part I):

I do not give my consent for emergency medical treatment for my child. In the event of an injury or illness requiring emergency treatment, I wish the Ohio EdTA authorities to:

Parent signature: _____ Date: _____

The undersigned hereby grants the Ohio Educational Theatre Association permission to make photographs and/or video of the delegate at the 2018 Junior Thespian Conference for use in coverage of the event, advertising, and for any lawful purpose without compensation to the delegate. The undersigned certifies that she/he has read and fully understands this authorization.

Parent signature: _____ Date: _____