

# MADRONA CHILDREN'S THEATER STUDENT & PARENT CONTRACT 2024-2025

Our goal at Madrona Children's Theater (MCT) is that all students experience a professional, safe, supportive environment. To accomplish that goal, please take a moment to look over the contract and sign.

**PARTICIPANT'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **PREFERRED PRONOUN: SHE/HE/THEY**

**Parent/Guardian Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact 1:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact 2:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Is the program participant under the care of a Health Care Provider?**

Provider Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please list any medical or behavioral concerns, allergies, medications or physical conditions that may affect your child's participation, or which an Emergency Medical Technician should know if they are unconscious:

\_\_\_\_\_

**PLEASE READ THE FOLLOWING WAIVERS AND SIGN BELOW:**

By signing this waiver, I accept that any *photos or video footage* taken during the rehearsals/performances may be used in marketing or publicity for MCT.

By signing this waiver, I am stating that I will not hold Madrona Children's Theater responsible for any *injury* that may occur from participation in all MCT programs and performances.

In case of emergency involving my child, and if I am unable to be contacted, I hereby give my permission for MCT to secure emergency medical treatment for my child. I hereby authorize a

medical doctor or medical facility to do what is necessary to maintain the health of my child. I realize that MCT does not carry medical insurance for students and that I am responsible for the health expenses of my child.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE INITIAL THE FOLLOWING STUDENT & PARENT/GUARDIAN AGREEMENTS AND SIGN BELOW:**

**PARTICIPANT:**

I will be off book (my part memorized) and have blocking learned by the date designated by the Director.

I will work cooperatively and listen to the instructions of the production staff and volunteers at all times. I will treat other participants with respect and dignity, and will not use unkind words or actions towards any participant, production staff or volunteer.

I will keep my belongings tidy and clean up after myself after all meal and snack times.

If I do not adhere to the expectations outlined above, I understand that I risk losing the privilege to participate in the show.

\_\_\_\_\_(initial)

**PARENT/GUARDIAN:**

I am responsible for arriving on time to pick up my child and will sign them out from all rehearsals. I will notify MCT producers in advance if my child will be late or absent from any rehearsals. My family will volunteer to the best of our ability for at least the required 25 total hours of work over the course of rehearsals and production to help ensure a successful show.

\_\_\_\_\_(initial)