

## Story Theater Company Activity Authorization Form [THEATER CLUB]

This consent form must be completed prior to the first day of the activity to allow the child to participate in Story Theater Company programming.

**AUTHORIZATION FOR TREATMENT:** By signing below, I give permission to the staff in charge to secure emergency medical treatment for my child. I agree to hold Story Theater Company and/or its assignees, staff, or volunteers harmless in the event of a production-related injury or accident. Parents accept responsibility for their child's medical expenses in the event of an accident/injury.

**DISRUPTIVE BEHAVIOR:** In order to ensure the safety and quality of rehearsals and performances, the staff of Story Theater Company have high standards for the behavior of any participant. Disruptive behavior may result in a participant's dismissal from the program at the sole discretion of the instructors with no refund of registration fees.

**PHOTO RELEASE:** By signing below, I authorize and consent that Story Theater Company shall have the absolute right to publish, use, sell, or assign any and all photographs and video taken of my child as a participant in this program. If you do not wish to have your child photographed, please notify Story Theater Company in writing.

**IDENTITY:** My child/minor identifies as the following gender and prefers the pronoun (please circle):

Male      Female      Or: \_\_\_\_\_      He      She      Or: \_\_\_\_\_

**TRANSPORTATION:**

1. My child may be walking/taking the bus/driving, and is allowed to leave Story Theater Company activities on his/her own. **(Please note that if permission is granted by the parent, then no supervision is provided by Story Theater Company following the completion of the activity.)**

YES \_\_\_\_\_      NO \_\_\_\_\_

2. The following people are allowed to pick up my child from Story Theater Company activities:
  
3. Please indicate if anyone is NOT allowed to pick up your child:

A Story Theater Company representative will supervise dismissal from activities. The representative must remain until all children have been picked up, so please be prompt. Your courtesy is appreciated.

I have read the above guidelines & requirements and accept my responsibilities and commitments as a parent and/or participant at Story Theater Company.

Participant Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please list any health and/or social/emotional conditions of which we need to be aware. This will assist our staff in providing a positive experience for your child (Use the back of this form if needed):***