

Story Theater Company CLUB Activity Authorization Form
September 2022 - August 2023

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 injury or accident. Parents accept responsibility for their child's medical expenses in the event of an accident/injury.

DRESS CODE: By signing below, I agree that my student will follow the dress code guidelines when participating at Story Theater Company. I acknowledge that if my student does not follow these guidelines, they may be asked to change their clothes or may otherwise not be allowed to participate.

- Shoes must be secured to feet at all times, and flip-flops are not allowed.
- Shirts must cover the entire torso at all times including moments when a person bends over or raises their hands above their head. They may not be low-cut or see-through.
- Shorts must be of appropriate length as to not expose oneself while sitting, kneeling, crouching, dancing, etc.
- Shorts or leggings should be worn under skirts and dresses.

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.

DISRUPTIVE BEHAVIOR: By signing below, I acknowledge that disruptive behavior on behalf of my student may result in their dismissal from the program at the sole discretion of the instructors with no refund of registration fees.

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 sign themselves out of Teen/Tween Club on his/her own. *They will be required to verbally tell the instructors that they are leaving.*

YES _____ (If YES, skip the next two prompts.) NO _____

2. The following people are allowed to pick up my child from Teen/Tween Club at Story Theater Company. *They will be required to enter the building and sign out the child when picking them up.*

CONTACT INFORMATION:

Email address of parent/guardian: _____

Email address of participant (if applicable): _____

Phone number of parent/guardian: _____

Phone number of Emergency contact: _____

Please list any health and/or social/emotional conditions of which we need to be aware, including allergies. This will assist our staff in providing a positive experience for your child:

A Story Theater Company representative will supervise dismissal from activities. The representative must remain until all participants 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