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**Beaufort Children’s Theatre Mary Poppins, JR: Nov. 22-24, 2019**

**Name of Show \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seussical, JR: May 15 – 17, 2020**

Actor

Street Address

City, State, Zip Code

Current School Current Grade

Date of Birth Age T-shirt Size

Previous Theatre Experience

Parent or Guardian

EMAIL

*(Please note that all rehearsal schedules and other production information is communicated by email only.*

***Please print email address CLEARLY.)***

Home Phone Cell Phone

Emergency Contact Phone

Physical Limitations or Food Allergies

Student’s Physician Phone

Parents, If your child is cast the production, you will need to volunteer to help with costumes, makeup, props, marketing, or backstage. Please check which field you are most interested in…

 \_\_\_\_costumes \_\_\_\_makeup \_\_\_\_\_props \_\_\_\_\_marketing \_\_\_\_\_backstage

**PLEASE READ THE BEHAVIOR POLICY AND SIGN, Thank you!**

**Participant fee is $120 per actor and is payable the first scheduled rehearsal after casting. Fees cover the costs of cast t-shirts, costuming, scripts, and production expenses.**

### Beaufort Children’s Theatre

ACTOR AND PARENTBEHAVIOR POLICY/CONSENT

**PARENTS**

* I will encourage positive participation by demonstrating support for all actors, directors, stage managers, and technical staff for the length of the rehearsal and production process. Your child will abide by all the rules, guidelines, regulations, and code of conduct of USCB and/or host/site location requirements;
* I will remember that the play is for-the-children not for the adults.
* I will do my best to make participating in the play process fun for my child, by helping with learning lines, music, and making sure my child attends scheduled practices on time.
* I will require that my child treat other actors, directors and production staff with respect regardless of race, sex, creed or ability.
* I understand that if I, as a parent, demonstrate any behavior that is disruptive to the creative process of the production that my child and I will be dismissed from the Beaufort Children’s Theatre.
* In the event of a problem or conflict between actors, I will talk to the directors, not the actors, regarding the problem or conflict.
* The parking of staff and participant vehicles must be in accordance with University parking regulations.

**ACTORS**

* ALL Beaufort Children Theatre actors are to demonstrate a positive attitude and respect for fellow actors, directors, and production staff.
* No candy or gum allowed during practice
* All injuries must be reported immediately and cleared by a doctor for re-participation
* Any negative behavior, (profanity, name calling, aggressive verbal or physical behavior) reported or observed, is grounds for dismissal.
* Anyone who quits or is dismissed from the play for disciplinary reasons will not be permitted to participate in the next production.
* I understand that the only excuses for missing a mandatory practice are illness and death.
* I understand that I can only miss 4 regularly scheduled practices. The fifth absence is subject for dismissal.
* The possession or use of alcohol and other drugs, fireworks, guns, and other weapons is prohibited.
* The operation of a University or personal motor vehicle by minors is prohibited during program hours.
* No violence, including sexual abuse or harassment, will be tolerated.
* Hazing of ANY kind is strictly prohibited. Bullying including verbal, physical, and cyber bullying is prohibited.
* No theft of property regardless of owner will be tolerated.
* Misuse or damage of University facilities is prohibited. Charges will assessed against those participants who are responsible for damage or misusing University facilities.
* The inappropriate use of cameras, imaging, and digital services is prohibited including use of such devices in showers, restrooms, dressing rooms, or other areas where privacy is expected by participants and guests.

**PHOTO RELEASE**

I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to

Record my child’s likeness and appearance on video tape, audio tape, film, photograph

**I have read the above policies and will abide by them.**

Parent signature Date

Actor signature Date