



OHIO THESPIANSSM

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

WNHS Theatre students have the opportunity to attend the 2019 State Thespian Conference. Conference attendees will participate in series of theatre related workshops (acting, stage combat, costuming, audition tips, props, set building, vocal, career/college in theatre arts etc.) and watch high school theatre performances.

DEADLINE TO SUBMIT REGISTRATION, MEDICAL FORM, CODE OF CONDUCT AND PAYMENT TO MRS. M. = Friday, February 8th, 2019

What: State Thespian Conference

When: Friday, March 29 @ 4:00 pm - March 31 @ 1:00 pm

Where: Akron School for the Arts at Firestone CLC 470 Castle Blvd Akron, OH 44313

Hotel: DoubleTree by Hilton 3150 West Market Street Akron, OH 44333

Cost: Student = \$85 per student Chaperones = \$60 per chaperone \$20 Shuttle per person

Registration costs include: access to show tickets, Saturday lunch and dinner, and a conference T-shirt.

Payment must be made in cash or check (**Pay to the order of WNHS THEATRE BOOSTERS**)

COST OF HOTEL WILL BE SEPARATE PAYMENT IN ADDITION TO CONFERENCE REGISTRATION

Attendees must travel to/from Akron using the Westerville District transportation and ride the Conference shuttle to/from hotel to conference events.

CONFERENCE REGISTRATION FORM: (Please Print Clearly)

First Name: _____ Last Name: _____

I am a: Student or Chaperone (circle one) Date of Birth MM/DD/YY: _____

What size t-shirt? Adult size (circle one): S M L XL XXL

Does this person have any dietary concerns? YES (if yes, circle below) or NO

Vegetarian Vegan No dairy Gluten free Peanut allergy Other: _____

If Student: Are you participating in Tech Challenge? Y/N Are doing an Ind. Event (IE)? Y/N
(\$5 per event)

If Chaperone: in what capacity can you volunteer at the conference (select 3): Luggage assistance, Dance Chaperone, Quiet Area Monitor, Silent Auction, Tech Challenge, Ticket Booth, Individual Events

----- Office Use -----

Medical Consent Form _____ Code of Conduct Form _____ Pymt Amt: _____ Cash/Check # _____



Ohio Chapter Consent and Acceptance Form

The Educational Theatre Association, Ohio Chapter, requires that this form be completed in full for each delegate (students and adults) attending an Ohio Thespian event and signed by a parent or legal guardian. Type or print legibly. Enter Delegate's name exactly as it appears on registration form. ***This form must be submitted annually.***

LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER
STREET ADDRESS (Home)				TELEPHONE (Home)	
CITY		STATE		ZIP	
SCHOOL				TROUPE NUMBER	
NAME OF PARENT/GUARDIAN/NEXT OF KIN		RELATIONSHIP		PHONE NUMBER	
NAME OF EMERGENCY CONTACT (1)		RELATIONSHIP		PHONE NUMBER	
NAME OF EMERGENCY CONTACT (2)		RELATIONSHIP		PHONE NUMBER	
NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT					

ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate)
MEDICATIONS CURRENTLY BEING TAKEN (IF NONE, please indicate)
PAST ILLNESSES OR INFORMATION NECESSARY IN AN EMERGENCY (IF NONE, please indicate)

I CONSENT TO MEDICAL TREATMENT	
<p>The undersigned hereby gives permission and consents to the Ohio Educational Theatre Conference and its Organizers to provide routine first aid, supervise the self-administration of over-the-counter and prescription medications and to seek medical assistance and/or treatment on behalf of the Delegate in the event that an illness or injury requiring such medical assistance and/or treatment occurs while the Delegate is attending or participating in the Ohio Educational Theatre Conference. In the event that reasonable attempts to contact the individuals listed above are unsuccessful, the undersigned hereby authorizes and consents to (1) the administration of any treatment deemed necessary by the physician listed below or, if unavailable, such other licensed physician or other healthcare provider as may be available and (2) the transfer of the Delegate to the nearest hospital or other medical facility for emergency medical evaluation, care and treatment. The indemnification in Section I below shall expressly cover any claims related to the actions by Ohio Educational Theatre Conference and its Organizers in (1) providing such routine first aid or supervision and (2) seeking such medical evaluation, care and treatment, and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for services.</p>	
SIGNATURE	DATE

I DO NOT CONSENT TO MEDICAL TREATMENT	
<p>The undersigned does not give permission or consent to the administration of any health care services (including routine first aid and supervision of the self-administration of medications) to the Delegate in the event of illness or injury requiring medical assistance and/or treatment. However, the undersigned acknowledges and agrees that the Ohio Educational Theatre Conference and its Organizers, expressly reserve the right to seek emergency medical care (including, without limitation, calling *911*), and the indemnification in Section I below shall expressly cover any claims related to the actions by the Ohio Educational Theatre Conference and its Organizers in seeking such medical care and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for such care.</p>	
SIGNATURE	DATE

FAMILY PHYSICIAN		
NAME		
A.C./PHONE NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP CODE

HEALTH INSURANCE COMPANY		
INSURANCE COMPANY NAME		
POLICY HOLDER NAME		
POLICY ID#	GROUP/PLAN #	
INSURANCE COMPANY STREET ADDRESS		
CITY	STATE	ZIP CODE

PRESCRIPTION INSURANCE	PROVIDER NAME	PROVIDER PHONE NUMBER
Rx GROUP #	Rx BIN #	ID #

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless Ohio Educational Theatre Association, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in Ohio Educational Theatre Conference. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from the Ohio Educational Theatre Conference including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by the Ohio Educational Theatre Conference security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home and no refunds will be granted.

III. PHOTO/VIDEO RELEASE

The undersigned irrevocably consents to being photographed or being recorded by means of video or audio tape recording by the Organizers, or a designated representative of the Organizers. These photographs and/or recordings can be used, without compensation to undersigned and/or the Delegate, in any public display, publication or media, or website, or in any manner or form, and at any time by the Organizers in promotion of the mission to promote the theatrical arts and have theatre arts recognized in all phases of education. The undersigned releases the Organizers, and their employees, agents, representatives, associates, Board of Director members, and consultants from any liability in connection with the use of such photographic, video and/or audio materials.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the Ohio Educational Theatre Conference or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the Ohio Educational Theatre Conference or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

V. YOUTH ACTIVITY SAFETY POLICY

Ohio Educational Theatre Association has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Delegate and the Delegate's parent and/or legal guardian has read, understands and agrees to be bound by the above provisions, as evidenced by their signature below:

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF DELEGATE

DATE

DELEGATE CODE OF CONDUCT

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

- 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 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.
- If I arrive late for a performance, I will wait quietly in the lobby for an appropriate time to enter.
- I will attend Conference events and support all performers.
- I will treat all workshop presenters 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 bringing food and/or drink into workshop or performance areas, and I will pick up any trash I see.
- I will behave appropriately and understand that the following behaviors are unacceptable, and will result in consequences including, but not limited to adult conference supervision, removal from event, and being barred from future events.

Minor Infractions - Badge being removed - if delegate accumulates two minor infractions, she/he will be sent home from conference at his/her expense	
Inappropriate dress	Masks and/or costumes
Hallway and/or non performance space distractions	Out of bounds or in area off-limits to students
Photographing/filming copyrighted material	Disruptive behavior in performance spaces
Major Infractions - Badge removed - if delegate accumulates ONE major infraction, he/she will be sent home from the festival at his/her own expense, and may be determined ineligible for participation in event the following school year.	
Possession of drugs, alcohol, tobacco or tobacco-related products/paraphernalia	Posting photographed/filmed copyrighted material
Use of drugs, alcohol, tobacco or tobacco-related products/paraphernalia	Causing damage to property
Theft of property	Severe disruptive audience behavior
Willful false alarm	Students of opposite gender in hotel rooms
Using abusive language/profanity	Sexual behavior
Gambling	Behavior that endangers self, others, or school property

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

DIRECTORS - PLEASE BRING THIS FORM WITH YOU TO CONFERENCE