



POLICIES AND WAIVER FORM

CHILD'S NAME

SHOW NAME

MAKE-UP REHEARSALS AND REFUNDS
 I acknowledge that there will be no makeup rehearsals due to student absenteeism. Refunds upon withdrawal are issued on a pro-rated basis within the first 60 days, subject to written request. There are no rehearsals on Statutory Holidays, or school district breaks. Some rehearsals may be rescheduled or relocated. Parents are expected to read emails and written notices to be aware of those changes so their child is in attendance when required.

ATTENDANCE AND PUNCTUALITY
 I acknowledge that my child is expected to be on time for rehearsals to fully participate and not disrupt the other students. My child is expected to attend all rehearsals, including extra rehearsals, up to and including showtime which may include a production week in a theatre (installation, tech/dress rehearsals, school matinees/tour, assigned performances). In an emergency, I will advise the director as soon as possible before a rehearsal. I understand that prolonged absenteeism or behavior issues may result in casting an understudy, double-casting or recasting.

SUBSIDY PROGRAM
 Theatrx Youthatre Society is a registered charitable society, governed by a volunteer board of directors who undertake numerous fundraising initiatives to raise money to increase access from low income families. Families are encouraged to apply in writing to the board of directors for assistance, and may be granted assistance upon submission of the subsidy request form. Students of all abilities are welcome. Parents are expected to provide appropriate aides for children with special needs.

CONFIDENTIALITY
 Theatrx Youthatre Society keeps all personal information in confidence. A privacy policy is in effect, as stated on the website.: www.theatrxyouthatre.com/privacypolicy.

VOLUNTEER HOURS
 Theatrx Youthatre is a volunteer, family based community organization. Parent participation is critical to the success of the production. Volunteer deposits are held in trust pending fulfillment of 20 hours of volunteer time per production. I acknowledge that I am aware of this expectation.

MEDICAL TREATMENT
 I authorize Theatrx Youthatre Society and its representatives to use reasonable discretion in rendering emergency first aid and/or arranging for emergency medical care including hospitalization at the expense of the undersigned. I acknowledge that I've given all appropriate emergency contact and health information to the society.

COMMUNICATION
 I understand that the primary form of communication between Theatrx Youthatre Society and parents is by e-mail, and written notices. I acknowledge that I am responsible for reviewing the information as it is sent.

LIABILITY WAIVER
 I agree to release, indemnify and hold harmless Theatrx Youthatre Society, the Board of Directors, Artistic Director, SunCity Productions, teachers and contractors from and against all claims of injury, damage or loss of any kind whatsoever arising out of the participation in any activities associated with Theatrx Youthatre Society.

PHOTO/SOUND RECORDING/VIDEO OR DVD RECORDING WAIVER
 I consent that photos, video/DVD or sound recordings may be taken of my child during the course of the Theatrx Youthatre Society rehearsals/productions/special events, and used for the Society's promotional purposes.

I acknowledge that I have read, understood and consent to Theatrx Youthatre Society registration form, policies and liability waiver _____.

Date PARENT/GUARDIAN NAME

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