**Arlington Children’s Theatre** 

**Participation Policy**

*Behavior Standards and Theater Etiquette*

Welcome! We are so excited you are joining us for this incredible production and are so pleased to welcome you (*or welcome you back*) to the Arlington Children’s Theatre family. As with any successful family we have standards of behavior that ensure that every participant will enjoy a safe and productive experience. Every participant will be expected to know the rules and behave in a manner that will continue to make the ACT experience enjoyable for all. **If you have any questions or concerns based on the participation policy, please contact us before auditions.** Thank you for following these policies, we look forward to creating with you!

**RESPECT** all people you come in contact with at ACT. This starts with respect for yourself and your fellow actors, and extends to everyone who is involved with a production. ACT is a well-respected organization in our community, and each participant’s behavior reflects on our organization, even when we are outside the theatre—or interacting via social media online. Actions will always be to enrich the ACT experience and never detract from it. The positive experience that we all feel working together is something that needs to be nurtured and protected.

* ACT is a place of inclusion and celebration, we have a zero-tolerance policy for bullying and descrimination and harassment of any kind. Theatre is all about collaboration and working together as a team, we cannot successfully produce art if any team member feels excluded.
* Do not talk while other ACTors are rehearsing.
* Clean up after yourself—and others, if necessary.
  + Throw away any trash you create, Leave any space cleaner than you found it!
* Do something productive and quiet during down times.
* Offer help, not criticism.
* Respect the rules of any of our rented spaces. The theater is the actor’s temple; treat it as such.
* Please consult with the director before altering your appearance drastically during the production. (I.e. Cutting hair, piercings, etc).
* Respect any technical equipment, costumes, props, scripts, etc. that you are entrusted with.
  + Return any materials lent to you by ACT during the production, if broken or destroyed you may be charged to replace the item in question.
  + Let us know if something does break so we can be sure to remedy the situation.
  + ACT will provide costume pieces whenever possible but may ask you to supply all or part of your costume.
* Disrespectful behavior may result in dismissal from scenes or numbers, An understudy being assigned or dismissal from the production.
* Cell phones are not allowed during rehearsals nor backstage during performances.
* Always speak positively about ACT, its shows and out ACTors: even when you are not at rehearsals or backstage you are a member of this theater and therefore represent it.
  + NEVER discuss ACT or its ACTors in a negative and/or malicious way.
  + NEVER post negative or malicious comments using social media.
  + If you have concerns about something that is happening, DO bring it up with the director, producer or one of ACT’s board members.

**PREPARATION** is essential to our success. and failure to learn lines all harm the theatre experience of others. We require all participants to:

* Be prepared for all rehearsals and be focused in all rehearsals.
  + Bring script, pencil and water
* Review at home, not just in the rehearsal room and be ready for off-book date or any other deadlines set by the production team.
* We will let you know of any food items that are restricted due to cast allergy.
* Dress appropriately for rehearsals in both clothing and footwear
  + This includes closed toed shoes and clothing you are comfortable moving in.
* Memorize all your lines, dance steps and staging directions.
* Help others learn their lines, dance steps, staging, etc
* Make sure you are using good hygiene. Theatre is a very active activity and we want to make sure all students are comfortable and clean.
* All financial arrangements must be made prior to casting: all families should familiarize themselves with our refund policy at this time.
* Always turn in the proper forms filled out correctly, and on time.

**ATTENDANCE** is critical for a successful rehearsal process and goes hand in hand with Preparedness. Lateness and unexcused absences are distracting to the process for all.

* Attend all possible rehearsals that you are called to.
* Communicate with producers in advance of absences (e-mail).
  + Excessive absence (especially unexcused) may result in dismissal from scenes or numbers, An understudy being assigned or dismissal from the production.
  + We understand emergent situations arise, please do your best to communicate this to us in a timely manner
* Be aware of their rehearsal schedule.
* Participate in any fundraising/ publicity events.
* Be on time for every event (Rehearsals, Call Times, Performances, etc.)
* Be aware of mandatory dates and performances.
* **Make the drop off and pick-up of the children seamless:** 
  + Communicate changes in schedules and pick-up times.
  + Parents: let producers know if your child needs special accommodations of any kind.
  + Children should not be released without an adult unless producers know.

**SAFETY** is a promise we make to each other and our families. We are concerned that all participants act in a manner that protects the safety of all. ACT staff or board members will be notified if any safety issue is found. Acting and behaving in a safe manner is another way we show our respect for each other.

We believe in our organization, and in you. Show your respect and pride in ACT by always acting responsibly; make your family, us and you proud!

* Notify an ACT adult of any broken chairs, tables, etc. that could cause injury. o Clean up any spills – or notify and ACT adult if help is needed.
* Do not fool around nor roughhouse during rehearsals. Pay attention to your staging so as not to run into other ACTors.

**BULLYING ZERO TOLERANCE POLICY/ DISCIPLINARY POLICY**

* At ACT we strongly believe that every student deserves a lace to feel safe to create with joy. ACT is a community in which there is zero tolerance for bullying of any kind. Weather it be on the ACT campus or in social media. Any bullying will result in immediate action.

Failure to comply with our policies will result in the following disciplinary policy:

* **1st Strike**- Student will be pulled aside by Artistic Director, Producer or Production Director to discuss the behavioral violation.
* **2nd Strike-** Student will be pulled aside by Artistic Director, Producer and/or Production Director to discuss the behavioral violation. Additionally, a phone call will be made to parents/guardians at this time as well. The student may be asked to sit out of particular rehearsal, game or activity.
* **3rd Strike- Student will be pulled from rehearsal until a meeting can be called with** Artistic Director, Producer and/or Production Director, the student and their parent/guardian. At this meeting appropriate action (up to and including dismissal from the production) will be discussed.
* **NOTE:** Dismissal from a production or workshop may impact future casting decisions.

*Medical Policies and Procedures*

**In the interest of making sure all students safety is accounted for, we ask that every ACTor submit a Medical Treatment form and read through the following carefully.**

1. The program director, producer, or designated ACT Board member, will obtain a basic first aid kit which will be in a predetermined location for the duration of the program. The first aid kit will be inventoried and restocked as needed at the end of each day.

2. Any illness or injury, not requiring emergency treatment (i.e. vomiting, sprains, suspected fever, etc.), will be referred to the parent or guardian for further evaluation and medical intervention.

3. In the event that the child has a known allergy that requires the use of a prescribed Epi-Pen, the program director, producer, or designated ACT Board member will be instructed on administering the Epi-pen for use during an anaphylactic allergic reaction.

**Health Guidelines**:

Children should not be sent to an ACT program or rehearsal with any communicable illness, e.g. strep throat, conjunctivitis, fever above 100 degrees. If any of the above are suspected, parents will be notified and child will be asked to go home. If *YOU* suspect your student may have a contagious illness, please notify ACT immediately.

**Emergency Procedures**:

In the case of a life threatening medical emergency, 911 will be called.

The program director, producer, designated ACT Board member will notify parents by telephone of any emergency requiring more than minor first aid. If the parent or alternate contact person cannot be reached, ACT will acquire emergency medical treatment as described in the Parental Consent for Medical Treatment form.



Show: \_\_\_\_\_\_\_\_\_

Audition #: \_\_\_\_\_\_

**Arlington Children’s Theatre- Audition Form**

Name:

Parents’ Names ***(Required)***:

Telephone:

Parent Email Address(es):

Student Email Address (*Optional*):

T-Shirt Size: \_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Pronouns: (he/him, she/ her, they/them, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us/auditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vocal Range *(If Known)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous theatre/performance experience, or attach your resume. (Please use the back of this sheet if more room is needed.)

|  |  |  |
| --- | --- | --- |
| **Show** | **Role** | **Organization/School** |
|  |  |  |
|  |  |  |
|  |  |  |

Please list any related training, such as dance, voice, music, gymnastics, etc., including years, level, location and type, where appropriate (e.g., Accents, style of dance, such as tap, jazz or ballet):

Please list any specific characters/roles for which you are auditioning:

Will you accept another role\*? Yes No Possibly

*\*Please note:* ***Casting decisions are based on talent, regardless of age, gender, or previous participation in the program.*** *Any student who auditions and wishes to participate in the production will be cast.*



**MEASUREMENTS: (Please fill out as thoroughly as possible for costuming purposes only)**

|  |  |  |  |
| --- | --- | --- | --- |
| L/R Handed: | Waist: | Shoe: | Suit: |
| Head: | Inseam | Pants: | Shirt |
| Pierced Ears: | Bust: | Dress: | Tights: |



**Parental Consent for**

**Medical Treatment**

*The following is a parental consent permit from the Arlington Children’s Theatre regarding care and treatment of my child in the case of a medical emergency during his/her participation in the following program:*

The law requires that parental permission be obtained for medical procedures on minors. In the event of a medical emergency, I hereby give permission to the Arlington Children’s Theatre to secure medical treatment, including hospitalization, for the person named below. I also give permission to the Arlington Children’s Theatre to arrange necessary related transportation for my child.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact if Parent/Guardian cannot be reached:

Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s Alternate Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s doctor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child covered by health insurance for doctors and hospital bills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “yes” what company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require the use of an Epi-Pen? Yes \_\_\_\_ No \_\_\_\_

If yes, you must leave a prescribed Epi-Pen with the program director while your child attends the program.

*\*\*Please note: Staff will not be able to administer medicine to children except in the event of a life threatening allergic reaction requiring the use of an Epi-Pen. Children needing to take medicine during the day must be able to self-administer. If a child must take medication during the program day, the medication (in its original package) and dosing information must be left with the program staff at the start of the day. Self-administration of any medication must be done in the presence of a staff member.*

*SIGNATURE RECEIPT*

**Responsible party signature*:***

By signing below, I agree to pay the fee to ACT for my child’s participation and acknowledge the information provided is accurate, and I have read and understand the no-refund policy. Further, I acknowledge receiving the Participation Policy Packet & agree both myself and my student understand its importance and agree to abide by its terms.

**Permission and Liability Waiver**

I give permission for my student to participate in Arlington Children’s Theatre's 2019-2020 productions and hereby waive Arlington Children’s Theatre and its personnel from liability for any accidental injury and for any damage to or loss of my property.

All cast members agree to grant permission to be photographed for publicity purposes this includes but is not limited to cast photos and videography, social media, brochures, website, future publicity efforts, etc. Unless otherwise specified in writing, ACT has my permission to use photographs of my child on its website and in publicity materials for this or other productions or workshops.

**OPTIONAL: Permission to Leave Rehearsals by Themselves**

Please sign below if you give your child permission to leave rehearsals and/or shows by themselves. By checking the line below, you absolve ACT of any responsibility once they leave the rehearsal or show space. If you do not wish your student to leave rehearsals by themselves do NOT check the following line.

I give my student permission to leave rehearsals by themselves (*Initial ONLY if you give permission*): \_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT AND PARENT SIGNATURES:**

We the undersigned have read and understand the Arlington Children’s Theatre Participation Policy. We agree to abide by the policy as it is written and to all the terms and conditions set forth on this signature receipt page:

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Production: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Email *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL CHECKLIST:**

|  |  |
| --- | --- |
| Student and parent have read thoroughly **\_\_\_\_\_\_\_**  Audition form included \_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical form completed\_\_\_\_\_\_\_\_\_\_\_\_  Signature Receipt Completed\_\_\_\_\_\_\_\_\_ |