



**OREGON
THESPIANS™**
AN EDUCATIONAL THEATRE
ASSOCIATION AFFILIATE

STATE THESPIAN CONFERENCE
STATE THESPIAN FESTIVAL

CODE OF CONDUCT FORM

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREE TO ABIDE BY THE GUIDELINES ON THIS FORM

A SIGNED COPY OF THIS FORM MUST BE TURNED IN FOR EACH PARTICIPANT AT REGISTRATION

EXPECTATIONS OF ALL FESTIVAL PARTICIPANTS:

- All Participants will behave in a way consistent with the spirit of the Festival, and in a manner that actively supports a positive Festival Experience for everyone.
- Any illegal activity, including – but not limited to – the possession or use of drugs or alcohol, will not be tolerated. Offending students will be sent home, and jeopardize the future participation of their Troupe in Thespians events.
- Nametags must be visibly worn at all times, and are required for admission to performances, workshops, and dances. There is a charge for replacing lost nametags. Keep track of it!
- Registered participants must attend all scheduled performances and workshop sessions.
- Students must remain in approved and supervised areas at all times, and respond to the supervision of any adult participants. Any adult may revoke a student’s nametag for behavioral reasons.
- Theatre Etiquette should be demonstrated to the highest degree. A Thespians Audience should be the most attentive, supportive, and safe audience to perform for.
- For copyright reasons, the recording and photography of any performance (Main Stage, One Act, or Showcase performance or audition) is not permitted. Photography and recording in workshops requires the express permission of the workshop leader.
- Food or beverages (other than water) are not permitted in any performance or workshop venues.
- Students must abide by the curfews set by their Troupe Director. Troupe Directors must support and enforce the curfews set at their hotels. Be particularly aware of any gathering or noisemaking in hallways.
- Appropriate dress and behavior at dances is required. Nametags must be worn at all times. Students must respond positively to any requests to alter any costume or manner of wearing a nametag that is deemed inappropriate. Students not wearing their nametags at dances will be asked to leave and will not be re-admitted.
- Festival Participants are expected to abide by Festival rules and guidelines as representatives of Oregon Thespians at all hours of the Festival, whether in a workshop, performance, or on personal time (at meals, lodging, etc). Act well your part. There all the honor lies!

PLEASE NOTE THAT ANY TROUPE DIRECTOR OR ADULT CHAPERONE MAY ASK A PARTICIPANT FOR HER OR HIS NAMETAG, IF THEY DEEM THAT PARTICIPANT TO BE BEHAVING INAPPROPRIATELY. THE PARTICIPANT AND HER OR HIS TROUPE DIRECTOR WILL THEN NEED TO APPEAR TOGETHER AT THE REGISTRATION DESK TO GET THE NAMETAG BACK. FOR SERIOUS INFRACTIONS (SUCH AS DRUGS, ALCOHOL, OR CURFEW VIOLATIONS) PARTICIPANTS MAY NOT ONLY BE SENT HOME, BUT WILL BE JEOPARDIZING THEIR TROUPE’S FUTURE PARTICIPATION IN THESPIAN EVENTS.

PRINT NAME OF STUDENT

SOUTHRIDGE HS Troupe 6012
PRINT NAME OF SCHOOL

SIGNATURE OF PARENT/GUARDIAN

STUDENT SIGNATURE

James Fewer
PRINT NAME OF TROUPE DIRECTOR

PARENT PHONE NUMBER DURING FESTIVAL

THESPIAN FESTIVAL HEALTH/RELEASE FORM

STATE THESPIAN FESTIVAL

A copy of this form must be turned in at registration for each participant (delegate) in your troupe.

Forms will be kept on file at the Registration Desk during Desk Hours.

Troupe Directors (referred to as "sponsors" below) are encouraged to keep their own copies as well.

Delegate's Name _____

Troupe # 6012 High School Southridge HS

Home Address _____ Home Phone _____

City _____ ST OREGON Zip _____ Delegate's Birth Date _____

Name of Parent / Guardian / Next of Kin _____

Sponsor's Name James Fewer

Should it be necessary to assign you to a local hospital, your parent / guardian / next of kin will be notified by phone.

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE DELEGATE:

Allergic reactions to _____

Medications now or previously taken _____

Any past illnesses or other information that would be useful in the event medical treatment is necessary _____

Payment for medical services will be made by (please, circle one)

Parent

Insurance Company

Family Physician

Name _____

Phone Number _____

Address _____

City/ST/Zip _____

Health Insurance Company

Name _____

Policy Number _____

Address _____

City/ST/Zip _____

The undersigned hereby releases and agrees to hold harmless the International Thespian Society (a component of the Educational Theatre Association) and its respective agents, employees and representatives from any and all claims, demands, actions and causes of action which the undersigned may have as a result of the delegate listed above participating in the Oregon Thespian State Conference at the official location. The undersigned further agrees to be responsible for him/herself while traveling to and from said 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 also agrees to abide by the conference's Security Rules and Regulations (as stated in the code of conduct), with the understanding that, should any problems occur with the delegate during the conference weekend, the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred. The undersigned also realizes that the conference registration fees cannot be refunded. The undersigned further understands that should a major medical problem arise, s/he will be notified by telephone. In the event that s/he cannot be reached, s/he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that s/he has read and fully understands this authorization.

Signature of Above-Named Delegate

Signature of Parent/Guardian/Next of Kin

Section 1: Trip Information *(completed by teacher, advisor or coach)*

| | | | | | |
|---|---------------------------------------|---|----------------------------------|---|--------------------------------|
| SCHOOL Southridge HS | DESTINATION Salem Conv. Car | DEPARTURE DATE Ap 8 | DEPARTURE TIME 8:45 am | RETURN DATE Ap 10 | RETURN TIME @8:00 pm |
| DESCRIPTION OF TRIP State Thespian Conference | | SUPERVISING STAFF NAME James Fewer | | STAFF PHONE NUMBER 503-547-9707 | |
| TRANSPORTATION METHOD (mark all that apply) <input type="checkbox"/> District Bus <input type="checkbox"/> Train <input type="checkbox"/> Rental <input type="checkbox"/> Light Rail <input checked="" type="checkbox"/> Private Auto* <input type="checkbox"/> Commercial Airline <input type="checkbox"/> Other _____ <input type="checkbox"/> Charter Bus (carrier name) _____ | | HOUSING AND FOOD ARRANGEMENTS (IF APPLICABLE) Lodging at the Grand Hotel on Liberty; Food will be provided by the students for Lunch, and Dinner. Breakfast are continental in the Hotel. | | | |

* Per Field Trip Administrative Regulation IICA-AR, STUDENTS CANNOT BE DRIVERS

Section 2: Student Emergency and Medical Information *(completed by parent or guardian)*

| | | | |
|--|--------------------------------|---|--------------------------|
| STUDENT NAME | | STUDENT CELL PHONE # | STUDENT ID |
| PARENT/GUARDIAN NAME | HOME/CELL TELEPHONE | WORK TELEPHONE | |
| EMERGENCY CONTACT | EMERGENCY CONTACT RELATIONSHIP | EMERGENCY CONTACT TELEPHONE | |
| PHYSICIAN | TELEPHONE | PLEASE LIST ANY HEALTH CONDITION OR ALLERGIES (BEE STING, FOOD, MEDICATIONS, ETC.) THE SCHOOL SHOULD BE AWARE OF: | |
| HEALTH INSURANCE PROVIDER | POLICY NUMBER | | |
| MEDICATIONS STUDENT IS CURRENTLY TAKING AND/OR PRESCRIBED: | | ANY SPECIAL INFORMATION/INSTRUCTIONS CONCERNING MEDICATION: | |
| THE FOLLOWING NON-PRESCRIPTION MEDICATION MAY BE GIVEN TO MY CHILD BY DESIGNATED SCHOOL PERSONNEL (PLEASE LIST AND PROVIDE MEDICATION, PER BSD MEDICATION POLICY): | | | LAST TETANUS SHOT (DATE) |

(Medication administration will follow the Beaverton School District Medication Policy for ALL trips)

Section 3: Student Conduct Agreement

The Beaverton School District is proud of its students and is confident that in most circumstances student conduct on field trips and away-from-school activities will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established, both by the adult(s) in charge and contained within the Student/Parent Resource Handbook, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. *If the student is under 18 years of age, his/her parent must also sign.*

Student:

I, _____ (add student name) understand that the above named trip is an official school activity and that all rules and regulations found in the Beaverton School District Student/Parent Resource Handbook are in effect. Among these rules are the following:

1. All directions and guidelines established by the adult(s) in charge will be followed.
2. There will be no use of tobacco, alcoholic beverages or other drugs at any time.
3. All established time schedules will be followed.
4. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violation of the rules outlined in the Student/Parent Resource Handbook, including those listed above, that my parent(s) will be called collect and that I may be sent home at their expense as well as face other consequences listed in the District's Student/Parent Resource Handbook.

| | | |
|-------------------------|----------------------|------|
| NAME OF STUDENT (PRINT) | SIGNATURE OF STUDENT | DATE |
|-------------------------|----------------------|------|

Parent/Legal Guardian:

I, _____ (add parent/guardian name), affirm that my student understands the trip rules and I agree with what has been set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at the expense of the students' parent/legal guardian if the trip leader deems it necessary. I understand and agree that during the trip my student will be, at times, without direct supervision. I agree to defend, release from liability and hold harmless the Beaverton School District, chaperones, employees and volunteers from any and all claims and liabilities arising out of this trip, except those which result from the sole negligence of the district.

On occasion, District sponsored trips may include activities prohibited by Administrative Regulation IICA-AR. The trip itinerary will identify such activities. If they exist you will be required to complete "Release of Liability & Hold Harmless – Non-District Sponsored Activity"

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| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
|--|---------------------------------------|------|

Section 4: Transportation Release

The District has elected to establish guidelines relating to transportation of students for Beaverton School District sponsored activities. There will be some activities that the District will not be providing transportation to and from the event. This section is intended to advise parents and guardians of these circumstances and to have the parents/guardians release the District from all liabilities arising out of students being transported by ways other than a District Bus.

I acknowledge that I have reviewed the following:

- a) There may be times/occurrences in which my child will be transported by a privately owned transportation company such as rental automobiles, charter buses, commercial airlines, passenger trains, use public transportation such as Tri-Met or Max Light Rail or be a passenger in a private vehicle.
- b) To qualify as a Beaverton School District volunteer driver, in a Private Auto, volunteers must meet the following conditions: (1) Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Voluntary Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers, (2) May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver. (3) Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver. (4) Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver (5) Agree that they will adhere to all traffic ordinances and laws. (6) Have completed and passed a Beaverton School District Volunteer Background Check.
- c) I further agree to defend, release from liability and to indemnify and hold harmless the school district, sponsors, employees, school board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to the transportation of my child. This Release and Indemnity Agreement includes claims based upon negligence.
- d) I further affirm that I have carefully read and understand this agreement and all of its terms. I understand that it is an AGREEMENT TO RELEASE AND INDEMNIFY which will prevent parents or guardians of my child or my child from recovering damages in any event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

Signature for Transportation Release (required for all trips using transportation methods other than district buses)

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|--|---------------------------------------|------|
| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
|--|---------------------------------------|------|

Section 5: Permission and Waivers

◆ TRIP PERMISSION

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

◆ IN CASE OF SURGICAL EMERGENCY

I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

| | | |
|--|---------------------------------------|------|
| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
|--|---------------------------------------|------|