

Knight Theatre Yearly Signature Forms

ALL STUDENTS: Handbook/Syllabus Acknowledgement

I/we have read and understand the syllabus of the IHS Theatre Department and hereby agree to adhere to it.

INITIALS REQUIRED

Student Initials

Parent/Guardian Initials

ALL STUDENTS: Production Viewing Requirement Acknowledgement

I/we have read and understand the Production Viewing Requirement for all of Knight Theatre and understand the responsibility associated with it.

INITIALS REQUIRED

Student Initials

Parent/Guardian Initials

NON-TECH 1: In Class Production Agreement Acknowledgement Form

FOR STUDENTS IN: THEATRE I-IV, TECH THEATRE II-IV, and THEATRE PRODUCTIONS.

I/we have read and understand the in class production requirement for the above listed class and that there is a production fee associated with it.

INITIALS REQUIRED

Student Initials

Parent/Guardian Initials

ALL STUDENTS: IHS Theatre Arts- Theatre Library Contract

ON CONTENT: It is a requirement of all theatre arts classes to read scripts to research scenes, prepare monologues and scene work. The Knight Theatre library contains scripts that range from classic period pieces to current Broadway productions. Many are recognized for their literary merit and have been selected for various reasons. These scripts have not been edited or censored in content for reading purposes. Some of the scripts contain explicit language or mature themes. Students or Parents/Guardians of students who do not wish for their student to be exposed to this content simply need to indicate as such below, and every effort will be made to provide the student with appropriate literature without penalty.

ON CHECKING OUT MATERIALS: You will need to check materials out with your Director. All materials checked out become the responsibility of the student. Students are responsible for returning the materials intact and unmarked. Items checked out should be returned promptly. If you lose or damage a script you are responsible for replacing it. Scripts average \$9.00 each, but can cost as much as \$50.00.

If you have any questions or concerns, feel free to call the theatre office at 469-633-5436 or email your director.

Mrs. McClung- mcclungc@friscoisd.org

Ms. Brownie- brownies@friscoisd.org

Please write your STUDENT'S NAME, CHECK ONE of the options below, and SIGN at the BOTTOM.

My student _____ (*please mark only 1 option*)

_____ **MAY** check out any script that is in the IHS Theatre Library.

_____ **MAY NOT** check out explicit, mature themed scripts.

Parent Signature: _____ Date: _____

THEATRE ARTS PROGRAM CONSENT AND RELEASE

All Students/Guardian must fill out this form

I, as _____ (parent/guardian) of
_____ (child/ward), give permission and desire for my
_____ (child/ward) to participate in Frisco ISD's theatre arts program, including
technical theatre.

I understand that participation in this program requires agreement to the following:

1. Adherence to all policies, safety regulations, and rules of Frisco ISD, the student's campus, and the campus theatre program.
2. My child may be supervised by representatives from Frisco ISD and its volunteers.
3. I authorize photographs and/or video film to be taken of my child as he/she participates in the program. I further permit photographic negatives and prints and video film prepared during the program to be used to publicize and celebrate this program.
4. I authorize the entities identified in paragraph two above to transport my child by vehicle, bus, ambulance, medical helicopter, or any other mode of transportation during the program if such transportation is deemed necessary for the health and wellbeing of the student.
5. I understand that every effort will be made to contact the parents in the event of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to the Frisco ISD and its employees and volunteers to secure proper treatment for my child. If necessary, this includes selection of physicians and medical treatment facilities that are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

I understand that participation in the Theatre arts program may include activities that bring with them a risk of serious injury. Students may utilize scaffolding and ladders, carpentry materials including saws, paint and other chemicals, and electricity. I understand that although all students will be appropriately trained to use such equipment, it is up to the student to practice best and safest practices each time they use this equipment.

I agree to assume any and all liability stemming from my child/ward's participation in the theatre and technical theatre program. I further agree to hold the Frisco ISD, its Trustees, employees, and agents harmless from all claims or actions which I or my child have, or may have in the future, including any liability for injuries or damages which occur to my child or me as a result of his or her participation in this theatre and technical theatre program. I agree to indemnify and hold harmless the Frisco ISD, its Trustees, employees, and agents from all claims made by third parties against it or them on behalf of my child/ward or which may result from my child's actions in this class and after school theatre and technical theatre program.

Please circle the activities your child is **approved** to participate in with training, supervision, and guidance:

Heights

Power tools/Saws

Painting

Photos/Videos

Parent's Signature

Parent's Name (printed)

Date