

California State Thespian Festival 2012
Alumni Health & Liability (Alumni Staff Application)

- TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK -
- ONE FORM PER APPLICANT -

- AN ALUMNI STAFF APPLICATION, CODE OF CONDUCT, HEALTH & LIABILITY, JOB LIST AND A
COPY OF BOTH SIDES OF YOUR INSURANCE CARD MUST ACCOMPANY THIS APPLICATION -

NAME: _____ CELL PHONE: _____

HOME PHONE: _____ HOME ADDRESS: _____

CITY: _____, STATE: ____ ZIP CODE: _____ BIRTHDATE: ___/___/___

TROUPE # _____ DIRECTOR'S NAME: _____

NAME OF PARENT / GUARDIAN / EMERGENCY CONTACT: _____

PHONE NUMBER OF EMERGENCY CONTACT: _____ (This person will be called in case of an emergency.)

PLEASE PROVIDE THE FOLLOWING CONCERNING THE DELEGATE:

***ATTACH A COPY OF THE FRONT AND BACK OF THE DELEGATE'S INSURANCE CARD, IF COVERED**

ALLERGIC REACTIONS TO: _____

MEDICATIONS CURRENTLY TAKEN: _____

ANY PAST ILLNESSES OR OTHER INFORMATION THAT WOULD BE USEFUL IN THE EVENT MEDICAL TREATMENT IS NECESSARY

PAYMENT WILL BE MADE BY ___ PARENTS ___ DELEGATE ___ HEALTH INSURANCE CO. (MUST CHECK ONE)

NAME OF HEALTH INSURANCE CO. _____

POLICY # _____

GROUP # _____ PHONE NUMBER: _____

FAMILY PHYSICIAN: _____ CITY: _____ STATE: ____

PHONE NUMBER: _____

-LIABILITY RELEASE-

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 California State Thespian Festival, March 22, 2012 to March 25, 2012.

The undersigned further agrees to be responsible for him/her while traveling to and from said Festival and any expenses incurred by the delegate, caused by the delegate, and/or for any personal injuries which may occur to the delegate. The undersigned also agrees to the Festival's security rules and regulations (as stated in the Alumni Code of Conduct) with the understanding that, should any problems occur with the delegate during the Festival weekend, the delegate will be returned home, and parents or guardian of the delegate will be required to pick up the student and will be financially responsible for all necessary costs incurred.

Activities at Festival will be photographed and videotaped for archival and promotional purposes. The undersigned agrees to allow reproduction and distribution of all images for Thespian use.

The undersigned further understands that should a major medical problem arise, he/she will be notified by telephone. In the event that he/she cannot be reached, he/she hereby gives consent to such medical treatment deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that he/she has read and fully understands this authorization.

Signature of Parent /Guardian (if over 21, adult delegate's signature) _____ Date

**Mail the ALUMNI STAFF APPLICATION,
HEALTH & LIABILITY, CODE OF CONDUCT, JOB LIST forms and A COPY OF BOTH SIDES
OF YOUR INSURANCE CARD
by FEBRUARY 1, 2012.**