

# CODE OF CONDUCT

- TYPE OR PRINT LEGIBLY IN BLACK INK -

- ONE FORM PER DELEGATE -

**Mail with Registration**

**ALL PARTICIPANTS:** Please read and sign this contract. In addition, students must have the signature and contact number of a parent/guardian and the signature of the Director or Head Chaperone.

**DIRECTOR OR HEAD CHAPERONES:** *Please send a signed Code of Conduct for each adult and student delegate.* Please copy on back of Health/Liability Form (or staple these two forms together back to back) with copy of Health Insurance card and alphabetize to match the Delegate Registration Form.

**Observing the following rules will make the Northeast Thespian Festival a pleasurable experience for all in attendance.**

- I realize that attending the Northeast Thespian Festival is a privilege.
- I realize that I am representing not only my school and my troupe, but also my school district.
- I will be attentive, cooperative, and appropriate **at all times**.
- I understand that the Northeast Thespian Festival is a school event and all school rules are in effect for the entire event.
- I will treat all Site and Festival staff, all festival participants, all workshop leaders and adjudicators with courtesy and respect.
- I realize that the proper theatre response is applause with laughter (or tears) at appropriate moments, showing appreciation for all performers, presenters, and audience members.
- **I will not destroy, damage, take, or rearrange any property that does not belong to me.**
- I will pick up any trash.
- **I will not leave the school at anytime without the approval of my Director or Head Chaperone.**
- I realize that all adults have the right to collect my badge, remove me from any activity, and report me to my state Thespian Board and my Director or Head Chaperone for discipline if I am rude, uncooperative, or discourteous.
- I realize that delegates who cannot follow the Code of Conduct will be sent home without refund of fees and that **a parent or guardian will be required to pick up any student at the Festival Site who is being sent home.**
- I realize that my Director or Head Chaperone can bar me from any further theatre activities at my school if I break any rules at the festival.
- I will not bring or use any drugs, alcohol, or tobacco. I understand that breaking this rule will result in my IMMEDIATE removal from the festival, a referral by the state Thespian Board to my school's administrator in charge of discipline, and exclusion from next year's Festival.

**I AGREE TO THE ABOVE CODE OF CONDUCT AND WILL COMPLY WITH ALL RULES.**

\_\_\_\_\_  
PRINT NAME OF DELEGATE

\_\_\_\_\_  
DELEGATE'S SIGNATURE

\_\_\_\_\_  
PRINT NAME OF DIRECTOR OR HEAD CHAPERONE

\_\_\_\_\_  
DIRECTOR OR HEAD CHAPERONE'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
OVER 21 (no parent signature needed)

\_\_\_\_\_  
PHONE NUMBER WHERE PARENT/GUARDIAN CAN  
BE REACHED festival dates

**Mail the completed CODE OF CONDUCT copied on the back of the completed HEALTH & LIABILITY FORM ON or BEFORE Monday, January 8, 2018 to**

**Jennifer LaFrance, Registration Coordinator, Alvirne High School, 200 Derry Road, Hudson, NH 03051**

**HEALTH & LIABILITY**  
TYPE OR PRINT LEGIBLY IN BLACK INK  
**Attach copy of both sides of Insurance Card**  
ONE FORM PER DELEGATE (Including adults)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

High School \_\_\_\_\_ Troupe # \_\_\_\_\_

Director's Name \_\_\_\_\_ Director's Cell \_\_\_\_\_

Name of Parent/Guardian/Emergency Contact \_\_\_\_\_

Phone Number(s) where above person can be reached \_\_\_\_\_

(In case of emergency the above named person will be called)

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 (circle one) Parents    Delegate    Insurance Co. (name): \_\_\_\_\_

Policy# \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

**LIABILITY RELEASE**

The undersigned hereby releases and agrees to hold harmless the University of Southern Maine, International Thespian Society, the Educational Theatre Association, the Maine Educational Theatre Association (aka ME Thespians), 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 Northeast Thespian Festival.

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 that may occur to the delegate. The undersigned also agrees to the Festival'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 Festival, 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. The undersigned also acknowledges that Festival registration fees cannot be refunded.

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.

**Circle One:**      Adult    or    Student

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Delegate

**Mail this form with the CODE OF CONDUCT, plus copy of health insurance card on or before Monday, January 8, 2018 to: Jennifer LaFrance, Registration Coordinator, Alvirne High School, 200 Derry Road, Hudson, NH 03051**