



THALIAN ASSOCIATION COMMUNITY THEATRE

Susan Habas, Thalian Association Executive Director

Chandler Davis, Thalian Association Artistic Director

Thalian Association Community Theatre Academy Code of Conduct

As Students: We Will

1. Arrive at every class, rehearsal and Showcase ready to listen, learn and work hard.
2. Be supportive of every student in our class.
3. Help others to achieve their goals ... work hard to make the class better.
4. Show respect to all.
5. Remember that if you have tried your best ... you will always be a star.
6. Have fun!

As Parents: We Will

1. Model good sportsmanship. Cheer for every student!... Celebrate every success.
2. Support the instructors who are working with your future star.
3. Not disrupt class and encourage use of "inside voices" while waiting in the lobby.
4. Participate and Volunteer when possible and needed.

Instructors will:

1. Place the well being of all students first.
2. Remember that we are youth instructors and we do what we do for our students.
3. Teach sportsmanship and fair play.
4. Show respect and courtesy to all.
5. Teach that honest effort is more important than landing the biggest role.
6. Organize classes that are fun and challenging.

Thalian Association Community Theatre and Academy Zero Tolerance Policy

To ensure the safety of our actors, Thalian Association Community Theatre and Academy enforces a zero tolerance policy toward behavior that is unsuitable for young students. While instructors will teach and supervise classes & rehearsals, students are responsible for safe and appropriate behavior. It is expected that students will come to class with a willingness to learn, work hard and maintain a positive attitude. Instructors and staff are present to teach, not baby sit. If there is a problem, the student will be asked to sit out the remainder of the class. Instructors have the authority to expel any student for inappropriate behavior, i.e. fighting, inappropriate language, poor sportsmanship, bullying, etc.

We, _____ and _____ have read the Thalian Association Community Theatre and Academy Code of Conduct and our signatures affirm our agreement of and support for the Thalian Association Community Theatre and Academy Code of Conduct in its entirety.

Signature of Parent

Date

Signature of Actor

Date

**Thalian Association Community Theatre
Youth Theatre Academy
Registration Form**

Student's Full Name: _____

Gender: M / F Age: _____ Date of birth: _____ Grade: _____

Street Address: _____ Zip: _____

**Email (this is our primary form of communication!
Please write clearly and give us the best single email to reach the family!**

Email: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Harris Teeter Vic # (or Phone #) _____ Last Name: _____

List Class, Day, Time and Location: (example: Acting, Wed. 5:30-6:30 HBHUSO/CAC)

(Initial)

____ I authorize Thalian Association Community Theatre to use photographs & videos of above mentioned student for Thalian Association Community Theatre / Academy advertising and publicity.

(Initial)

____ I have read the Thalian Association Community Theater and Academy Code of Conduct & our signatures affirm our agreement of and support for the Thalian Association Community Theatre and Academy Code of Conduct in its entirety.

____ I understand payment installments are: _____ Signature: _____

If semester is paid in full, ask about our *Current Discount Coupon*
You may Register Online or call to use your Credit or Debit Card
251-1788

Form of Payment: CC / Cash/Check # _____ Amount: _____

Additional information we should know about your child:

How did you hear about us / classes or workshop: _____

**Thalian Association Community Theatre
Youth Theatre Academy
All students must return this form**

MEDICAL AND EMERGENCY CARE INFORMATION

NAME OF CHILD _____ Age _____ Date of birth _____

NAME OF PARENT(S) OR GUARDIAN _____

Home phone _____ Work phone _____ Alternative # _____

IF PARENT(S) OR GUARDIAN CANNOT BE REACHED, IN CASE OF EMERGENCY CALL:

Responsible Adult _____ Day phone _____

1. Any known allergies? Please specify: _____

2. On any medication for any reason? Yes _____ No _____

If yes, we cannot administer any drug or medication without specific written instructions from the physician or the parent/guardian.

Please list medications: _____

3. Previous hospitalizations? Yes _____ No _____ Why? _____

4. Any physical handicaps? Yes _____ No _____ If yes, please explain:

5. Any history of: mental retardation, convulsions, diabetes in family, history of heart trouble? Yes _____ No _____
If yes to any, please give details: _____

6. Is the child under the care of a doctor? Yes _____ No _____
If yes, please explain: _____

7. Name of physician: _____ Phone _____

8. Name of dentist: _____ Phone _____

9. Hospital preference: _____

Permission is given for the director, teacher or counselor to determine whether a situation requires (1) simple first aid, (2) advice from the designated physician or (3) immediate transport to a medical facility. Permission is given for the director, teacher or counselor to transport the child to the designated hospital or nearest medical facility.

Parent/Guardian signature

Date