

2019-2020 Copper Beech Musical Performance

STUDENT NAME:
ROLE OFFERED:

COPPER BEECH MUSICAL AGREEMENT

Congratulations on being cast in the CBE Musical! It is going to be a great year! Please complete both sides and turned in at the first rehearsal on **September 24, 2019 for CAST "A" and September 26, 2019 for Cast "B"** in order to accept your role. You are not permitted to attend rehearsal without this.

This "Musical Agreement" is to ensure that cast members are committed and will embrace the high-level of responsibility required of them. These rules exist to make the rehearsal process enjoyable for everyone and to ensure the best possible performances.

By accepting a role and signing this agreement, you agree to follow these rules. Student and parents/guardians must initial next to each rule, understanding what is expected.

COMMITMENT	STUDENT INITIAL	P/G #1 INITIAL	P/G #2 INITIAL
I agree to attend the rehearsals and performances, giving 100% COMMITMENT.			
I have all dress rehearsal and performance dates in my calendar already and there are NO CONFLICTS with these dates. I realize that I may not miss dress rehearsals or performances or I will be removed/demoted from my role.			
I understand that I can only be absent from regular rehearsal 3 times or I will be demoted or lose my role in the show completely.			
I will maintain a positive dialogue in person and online regarding the show, my cast and the staff and treat all involved with respect.			
I will communicate all issues or concerns to the appropriate staff member and I am committed to resolving challenges in a respectful and kind manner.			
I take full responsibility for costumes and props and promise to replace or pay for any items that I may have damaged due to my own negligence.			
Arrangements will be made to ensure my safe travel home at the conclusion of all rehearsals and performances. Students are NOT permitted to walk home after any rehearsals or performances without giving written consent to the Musical Staff and CBE Office Staff.			
I understand that if I am unable to attend a rehearsal for a specific reason, it is my responsibility to provide advanced notice in writing to the Musical Staff.			
I will act professional and appropriate backstage during rehearsals and during the performances. I am responsible to keep myself and my fellow students and teachers safe.			
I understand that if I am not present in school, I cannot attend rehearsals or performances (this is PA school code).			
I understand that certain behaviors can result in a suspension, demotion, or removal from the show. These include: getting suspended in school, harassment or bullying, negative online commentary regarding the show, the staff or show participants, and any behavior that creates an unsafe environment in the show.			

Once a scene is blocked, I will work to have it memorized. I will know all of my lines and songs from memory by **December 2, 2019.**

A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS DURING REHEARSALS

PLEASE PRINT NEATLY

MOTHER OR GUARDIAN: _____

ADDRESS: _____
(STREET) (CITY & STATE)

MOBILE # _____ WILL YOU ACCEPT TEXT MESSAGES? YES NO

HOME #: _____ WORK #: _____

EMAIL: _____

FATHER OR GUARDIAN: _____

ADDRESS: _____
(STREET) (CITY & STATE)

MOBILE # _____ WILL YOU ACCEPT TEXT MESSAGES? YES NO

HOME #: _____ WORK #: _____

EMAIL: _____

PERSON TO CALL IF PARENT OR GUARDIAN CANNOT BE REACHED

CONTACT #1 NAME: _____ PHONE#: _____

CONTACT #2 NAME: _____ PHONE#: _____

CONTACT #3 NAME: _____ PHONE#: _____

PHYSICIAN'S NAME: _____ PHONE#: _____

ANY SERIOUS ALLERGIES OR MEDICAL CONCERNS:

In case of illness or emergency, I authorize the officials of Abington School District to contact directly the persons named above on this form. In the event parents, physician, or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my student. I also give permission that my student may be taken to the hospital and treated in case of an emergency.

_____ Date

_____ Signature of Parent or Guardian

