

**PART ONE**

**Applicant Information (New)**

**(PRINT PLEASE)**

Participant's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Male: \_\_ Female: \_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade Level: \_\_\_\_\_

Name of School \_\_\_\_\_

**How did you hear about The Octavians? (Please check one)**

Mail  Newspaper  Teacher/School  Website  Via e-mail  Other \_\_\_\_\_

**Primary Parent or Guardian's Name:** \_\_\_\_\_

Relationship:  Mother  Father  Grandparent  Guardian  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Secondary Parent or Guardian's Name:** \_\_\_\_\_

Relationship:  Mother  Father  Mother & Father  Grandparent  Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Emergency Contact:** (someone who we can call if Primary or Secondary contact cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PART TWO Student and Parent Contract of Commitment

**Student and Parent:** Please read this contract together. Discuss each item to be sure that you understand the expectations of The Octavians. Please check each box to show that you understand and agree to abide by The Octavians policy.

**If I am accepted as an Octavians member, I understand that I will be expected to:**

- Be a full member of an arts performing team striving to do the best of my ability at all times.
- Behave and speak in a respectful manner cooperating with staff, volunteers and fellow cast members at all times.
- Respect the building rules and use guidellines for any facility in which I rehearse or perform.
- Not intimidate or threaten other cast members or volunteers.
- Attend **all** rehearsals and performances.
- Arrive on time for all rehearsals and performances.
- Make my own transportation arrangements for rehearsals and performances.
- Dress appropriately for activities. Tennis shoes or closed toe/heel shoes are required.
- Not use drugs, tobacco or alcohol. Any illegal substance(s) found in my possession may result in dismissal from the cast.
- Leave all valuables & electronic equipment at home (including jewelry, radios, CD players, video games, etc.)
- Turn off all beepers and cell phones during activities.
- I understand that if I break this pledge I may be dismissed from the program.
- I, as a participant in The Octavians, pledge to carry out my responsibilities to the best of my ability.

**Participant's Signature** \_\_\_\_\_

**If my child is accepted into The Octavians, I will assist my child in maintaining his/her contract to The Octavians and understand that:**

- I am responsible for getting my child to all rehearsals and performances at the appropriate time.
- I understand that my volunteer assistance is vital to the success of The Octavians program.
- I agree to assist during workshops, rehearsals and performances as needed for a minimum of 4 hours.**
- I understand that The Octavians reserves the right to dismiss a student whose actions are not in keeping with The Octavains policy including disrespect for other people or property.
- I give my permission for photographs, video or audio taping to be used by The Octavians for promotional purposes.
- I understand it is my own responsibility to cover my child with medical insurance.
- I understand that it is mandatory for me to attend the initial Parent/Guardian meeting.**
- I understand that the casting of roles in the production is entirely a decision made by staff members based on my child's current performing abilites as demonstrated at the audition for the current program. I understand that each production has its own unique casting requirements and that casting does not involve cast member's parents in any manner.

**Parent's Signature** \_\_\_\_\_

**Your expectations of the Staff of The Octavian Foundation for the Arts.**

- 1) We provide training in drama, dance, voice and technical theater as is fitting for the production through instruction by qualified staff members and volunteers.
- 2) Each cast/crew member will be involved in the production as best fits their natural talent observed by staff members at the time of audition.
- 3) Our staff are available to you if case of any questions or concerns regarding your child. Should your child have any personal or physical difficulties, we will work with your child to the fullest extent possible provided we have been made aware of the situation.
- 4) We provide your child with a fun, exciting and educational experience increasing your child's personal and performance skills while creating a performance of high quality worthy of attendance by the general public.
- 5) We treat all cast/crew members, volunteers and audience members with professional courtesy.

**Executive/Artistic Director's Signature:** \_\_\_\_\_ **Anna Pfeil** \_\_\_\_\_

**Policies & Procedures** \_\_\_\_\_ **I have read and understand the Policy & Procedure informantion and the Amendment.**

### **PART THREE Why do you want to be in this organization? (must be completed by ALL participants)**

Please write a short paragraph about why you want to be a part of The Octavians. If you are a previous cast/crew member, tell us why you want to return and what you learned in the previous year. Let us know if The Octavians helped you improve in school and community activities.

**Paragraph must be HANDWRITTEN by the applying student.** We want this essay to be from the creative heart of each individual student so that our staff has a glimpse into the mind of the student. This is very important to our staff since we truly care about you and would like to know your own personal thoughts. This paragraph will be kept in confidence between staff members only.

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### **PART FOUR Academic Performance**

We believe that good grades should be made by every child. While we also believe that belonging to a theater organization may help improve grades, we know that being in a production can cause stress on the student. We wish to avoid this. Knowing you are comfortable with your child's academic level affords us the freedom to make the best placement decisions possible.

I am comfortable with my child's academic performance and their commitment level to the rehearsal/ performance schedule.

PLEASE LET ME KNOW IF THERE ARE EXCEPTIONS I SHOULD BE MADE AWARE OF \_\_\_\_\_

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### **PART FIVE Prior Performing Experience**

**List of Previous Performing Experience (a resume may be attached)**

If you don't have any experience, that's OK. You have to start somewhere. The Octavians is a great place to get that start.

Theater Experience (School or Community) \_\_\_\_\_

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Choir (church or school) \_\_\_\_\_

Dance Class \_\_\_\_\_

Music Lessons \_\_\_\_\_

Other Skills, Abilities, or Extra Activities \_\_\_\_\_

### **PART SIX Media Release**

**Photography and Video Release**

By my child's participation in The Octavians workshops, camps, or other activities, I consent to the reproduction and/or use of any and all photographs, videotape, films, or other recordings of my child for advertising, promotional or other purpose by The Octavians. without compensation to my child or me.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PART SEVEN Medical Info** (proceed to Media Release if you have already completed a Medical form)

Please complete the following page and include with this application. If your child has any medical, physical or emotional challenges (i.e. asthma, extreme shyness, dyslexia or ADHD), please list them there, so that we can better serve your child.

Participants's Name: \_\_\_\_\_

**Emergency Medical Contact (in case parents/guardian cannot be reached):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any food allergies? \_\_\_ No \_\_\_ Yes

If Yes, please indicate type and allergic reaction? \_\_\_\_\_

If reaction occurs, are there special instructions? \_\_\_\_\_

Does your child have any allergic reactions to medication? \_\_\_ No \_\_\_ Yes

If Yes, please indicate: \_\_\_\_\_

Is your child taking any medication? \_\_\_ No \_\_\_ Yes

If Yes, please indicate medication name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

If yes, do they take it on weekdays? \_\_\_ Yes \_\_\_ No

The Octavians want to make the best experience possible for your child. If your child has physical or emotional limitations of any kind, please let us know. This will greatly assist us in coaching your child to be the best they can be within their ability.

Please describe any chronic health problems or behavior issues your child has or has had, such as asthma, emotional problems, learning problems, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us any additional information we need to know in order to best serve your child in our program: \_\_\_\_\_

\_\_\_\_\_

**Medical Release**

I, the undersigned parent or guardian of my minor child, do hereby authorize the staff of The Octavian Foundation for the Arts as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge The Octavians from any and all claims for personal injuries.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



# Demographic Information:

(this information helps us when applying for grants and will be used for that purposes only)

## Income level:

- \$ 0-20,000
- \$ 20,001-40,000
- \$ 40,001-60,000
- \$ 60,001-80,000
- \$ 80,001-100,000
- \$100,001 and up

Single Parent Household: \_\_\_yes \_\_\_no

## Head of Household:

\_\_\_Mother \_\_\_Father \_\_\_Grandparent \_\_\_Other

## Number of persons in household:

\_\_\_\_\_Adults Children: \_\_\_0-6 yrs. \_\_\_7-12 yrs. \_\_\_13-17 yrs.

## Ethnicity:

Asian

Mother

Father

Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

African/American

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caucasian

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hispanic

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pacific Islander

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Native American

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



POLICIES & PROCEDURES  
Originally drafted 8/2007

It is the desire of the Octavians to provide a safe, fun and high quality theatrical environment for all of our participants. By following these rules and regulations this goal will be accomplished.

It is our hope that by following these Policies and Procedures an enjoyable experience will be had by all.

**RESPECT:** It is expected that each participant will respect every other participant, and their personal belongings. Also, respect shall be shown to each and every participant, instructor, and director while they are speaking or performing. Failure to do so may result in being asked to leave the room.

**ATTITUDE:** A positive attitude is asked of each participant while in the studio, at rehearsal, and during performance. Please leave negative attitudes at the door. Your attitude is your responsibility. Negative attitudes will be addressed.

**BEHAVIOR:** No unnecessary rough play will be accepted during studio time, or anywhere in any space occupied by The Octavians. Repeated misbehavior may cause dismissal from the program.

**ATTENDANCE:**

**Instruction Sessions:** Attendance is expected at all registered sessions. If you know you will be absent, a phone call to the instructor letting them know you will be out is expected. Phone calls will not be accepted during instruction sessions. Make-up sessions are at the discretion of the director. Saturday sessions are held as scheduled (approximately every other week). It is not necessary make up a session on the week that there is no Saturday session.

**Rehearsals:** Attendance at all rehearsals to which you are called is expected. Prior approval of an absence is needed in order for that absence to be excused. More than three (3) unexcused absences during the rehearsal period will be possible cause for your replacement in the show.

**TARDINESS:** Please be on time. Each participant of The Octavians is expected to arrive at each session or rehearsal on time. If you are late, please enter quietly and join the group without disruption. Excessive tardiness may result in dismissal from the program.

**Dismissal/Pick-Up:** It is the responsibility of each participant to make sure that their ride knows what time to pick them up from instruction/rehearsal sessions. If a ride is more that fifteen (15) minutes late to pick up a participant, and the parent/guardian is unable to be contacted, the director reserves the right to bring the participant to the Hammond police station on E. Thomas St. For pick up. Excessive late pick up could result in dismissal from the program.

**CELL PHONES:** While it is understood that a cell phone is needed, you will be asked to turn off all cell phones, pagers, and electronic devices during instruction, rehearsal and performance times.

**EATING:** No food or drink shall be allowed in studio, rehearsal space, dressing areas, or theater. Only bottled water will be allowed at any time by anyone. All participants should eat before or after classes, rehearsals, and performances. In the event it is necessary to eat during a dress rehearsal or performance, there will be a designated area for this purpose. If you must remain in costume, a full cover MUST be worn so nothing can spill on to the costume causing damage. If a costume is

damaged by the performer, that performer will be responsible for cleaning cost or replacement of costume. It is the responsibility of each person to clean up any mess made while eating or drinking.

**HAIR & MAKE-UP:** All members of The Octavians shall furnish their own hair and make up products. This is for hygienic purposes so as not to spread disease or infection. A personal hair and make-up kit should be acquired by all members.

Hair and make-up should be done before getting into costume. In the event, that hair and/or make-up must be done after getting into costume, a full cover up must be worn to prevent cosmetics and hair products from getting on costumes.

**SHOES:** All members are responsible for their own shoes, unless shoes are of a distinct character, then they will be provided by The Octavians. These shoes then become the property of The Octavians.

**COSTUMES:** Costumes, purchased by The Octavians are property of the company and go into stock for future productions. No part of the costume may be taken home. Water only will be allowed while in costume unless medical reasons deem otherwise. Costumes should be treated with utmost care so they will last for use in future productions. No alterations shall be made to costumes unless authorized by Costume Designer and/or Director. Costumes are cleaned after each production before going into storage.

Costumes are not to be worn outside of the theater. If an emergency occurs causing a performer to leave the theater in costume, a full cover up must be worn over the costume.

**PROPERTIES:** (Props) All props, purchased by The Octavians become the property of The Octavians. Props borrowed from other sources need to be returned within a timely manner by the person who borrowed the prop. No one shall use a prop that is not meant for their character. Props should only be used for the purpose which they are intended. All props shall be returned to the prop table at the end of each performance and to the prop dock at the end of each run.

**DISCRIMINATION & HARASSMENT:** No member of The Octavians will be allowed to treat another member with disrespect. If a participant feels that they have been harassed or discriminated against they should immediately report the incident to the Artistic Director, Executive Director or any member of the Board of Directors.

**INSTRUCTORS:** The directors of The Octavian Foundation for the Arts will strive to bring to the company the highest quality programming so that all participants will acquire necessary training and skills to perform in productions produced by The Octavians.



## AMENDMENT TO POLICIES AND PROCEDURES

- 1) There will be no transporting of children without prior Board approval and written parental consent.
- 2) All children will be required to sign an attendance log upon entering and leaving the building.
- 3) All children twelve (12) and under must be picked up by a parent or person approved by the parent, at the rear door of the Art Center. 5/20/2009 no longer at Arts Center.
- 4) Children thirteen (13) or older, who wish to walk home, ride a bike, skateboard, etc., must have written permission from their parents dated for the entire theater season (Sept. 1-Aug. 31).
- 5) If a child needs to be picked up early, their parent must come upstairs to get them.
- 6) The "buddy system" will apply when using bathroom facilities or for any other reason when leaving the studio area.
- 7) All sessions must be conducted indoors, in a safety controlled area.
- 8) During special events, or any other activity that takes children out of their usual indoor environment, a ratio of at least one (1) adult to every six (6) children will be followed.
- 9) Parents must be accessible by phone at the emergency number provided at any time their child is participating in an Octavian function.
- 10) All volunteers working in any capacity with the Octavian program must have a background check. This is required by our insurance company, as well as The Octavian Board of Directors.