

Saratoga Children's Theatre

2017 PARTICIPATION AGREEMENT

Camp/Workshop: _____ **Date:** _____

Child's Name: _____ **Age:** _____

Parent Name: _____ **Address:** _____

City: _____ **St:** _____ **Zip:** _____

Parent phone (preferred #): _____ **Parent email:** _____

Walker's Release

Saratoga Children's Theatre, Inc. requires children to wait inside the building for a parent/guardian to pick them up. Children may be authorized to leave without a parent/guardian. Your signature below indicates your authorization for your child to be released without a parent/guardian.

My child _____ has my permission to leave SCT premises at the end of rehearsal.

Parent/Guardian Signature: _____ **Date** _____

Video/Photo Release

I hereby grant Saratoga Children's Theatre, Inc. the right to use photograph(s), video(s) or interview quote(s) of _____ (my child) for the purpose of promoting and/or advertising the benefits of Saratoga Children's Theatre, Inc. **Parent/Guardian Signature:** _____

Medical Release

The above named child is in good health. In the event that I cannot be reached for an emergency requiring medical attention, I hereby grant permission to the Saratoga Children's Theatre, Inc. staff and volunteers to transport my son/daughter to a doctor or hospital and to a physician or hospital personnel designated by the staff to attend my child.

Parent/Guardian Signature _____ **Emergency Name**

and Phone: _____ **Doctor Name and Phone:** _____ **Health Insurance Company and**

Policy Number: _____ **Medications:**

_____ **Allergies:** _____

Behavior Policy and Procedures We feel Saratoga Children's Theatre, Inc. offers a special place where Children can feel comfortable, safe, non-threatened, exploring and expressing with their personal creativity. Inappropriate behavior and continual discipline problems cause difficulty for staff and other children. Saratoga Children's Theatre, Inc.'s objective is to deal promptly and fairly with behavior problems. It is our aim to resolve behavior problems in order to avoid the child's dismissal from the program. If necessary, the following procedure will be followed:

1. At the first instance, SCT staff will speak directly with the child to correct their behavior and/or resolve the situation.
2. If behavior/situation continues or is not resolved, SCT staff will notify the parent/guardian for assistance.
3. Inappropriate behavior that continues will result in dismissal from the program by the SCT Executive Director. PLEASE BE AWARE THAT NO REFUNDS WILL BE GIVEN.
4. Certain extreme negative behavior (physical or otherwise) may warrant an immediate dismissal upon the discretion of the SCT Executive Director.

Late Pick-up Policy

SCT expects children to be picked up within 15 minutes of the end of the camp day. Any child remaining beyond that time should be enrolled in the extended care services. If your child is picked up past the designated departure time, a fee of \$20.00 for every 15 minutes beyond designated departure time will be charged.

I/We have read and understood the Behavior Policy and Late Pick-up Policy outlined above. My signature here indicates my acceptance of these policies.

Parents Signature _____ **Date** _____