

***Mundelein Theatre***  
**2017–2018 Production Contract**

As a member of Mundelein Theatre, I agree that the following conditions must be met in order to have a successful season:

- I will abide by all rules set forth in the MHS Code of Conduct & Club Code of Conduct.
- I will arrive at all rehearsals and crew calls on time and prepared to work. If I am going to be absent or late, I will contact the director or the appropriate crew head and let them know. This includes days in which I am absent from school. Excessive absences or tardiness may result in my removal from a show.
- I have read the published *Production Calendar* (located on the Mundelein Theatre website), and will be available for all rehearsals, crew calls & performances listed on the calendar, except as noted in the conflict section of my *Interest Sheet* for each show.
- I acknowledge that I must be in attendance for at least half of the school day in order to participate in any after school rehearsals or performances.
- As an actor in the show, I understand that I may be responsible for costume items and will provide those items when requested. I also understand that I must be off-book (memorized) at the designated time. I acknowledge that once I am cast in a show, I will not alter my appearance (hair cuts, hair color, tattoos, piercings, etc.) without the permission of the show's director.
- I will treat my fellow company members with respect and maintain a positive attitude that will help foster an atmosphere that will allow for maximum creativity.

I acknowledge that if I violate any of the above guidelines that I may be removed from a show. All decisions regarding removal will be at the sole discretion of the Director of Theatre.

\_\_\_\_\_  
Company Member Name (please print)

\_\_\_\_\_  
Company Member Signature

**Parents:**

- I understand that the Mundelein Theatre staff will be using various social media (Facebook, Twitter, etc.), as well as text messaging to facilitate communication during the school year.
- I have read the above contract signed by my son/daughter and agree to its content.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

**MUNDELEIN HIGH SCHOOL**  
**ACTIVITY EMERGENCY MEDICAL INFORMATION**

I hereby give my permission for my child to participate in Mundelein Theatre during the 2017-2018 season. Further, I authorize qualified medical personnel to provide emergency treatment of any injury or illness my child may experience if they consider treatment necessary, and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. I assume all risks associated with participation in all activity's, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the activity. All such risks to my child are known and appreciated by me. I understand this informed consent and agree to its conditions on behalf of my child.

**\*PLEASE PRINT\***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI)

Year in School (please circle one): Freshman Sophomore Junior Senior

Home Address: \_\_\_\_\_  
(Street) (City)  
(Zip)

Home Phone #: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Mother's Work #: \_\_\_\_\_ Father's Work#: \_\_\_\_\_  
Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_  
Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Emergency Contact Name (other than parent): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_ Other \_\_\_\_\_

Allergies:  None  Bee Sting  Grass  Other \_\_\_\_\_

Asthma?  Yes  No Type of Inhaler:: \_\_\_\_\_

Heart Condition	Y	N	_____
Concussion / Head Injury	Y	N	_____
Diabetes	Y	N	_____
Epilepsy	Y	N	_____
Tuberculosis / Bronchitis	Y	N	_____
High / Low Blood Pressure	Y	N	_____
Dizzy Spells / Fainting Spells	Y	N	_____
Skin Conditions / Diseases	Y	N	_____
Fractures / Sprains	Y	N	_____
Surgery or advised to have surgery	Y	N	_____
Contacts / Glasses	Y	N	_____

To the best of my knowledge the information on this form is accurate and up to date.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent / Guardian Signature Date