

BARDSTREET SHAKESPEARE AND ACTING SUMMER WORKSHOP

PARENTAL LIABILITY WAIVER, ALTERNATE RIDE & DROP-OFF/PICK-UP/LATE FEE POLICY, MEDIA RELEASE, CODE OF CONDUCT FORM, MEDICAL INFORMATION FORM, AUTHORIZATION TO DISPENSE MEDICATION FORM

Write your last name below IN CAPS:

We, the parent or guardian of (list names of all participating children):

Entering Grade:

- 1. _____
First Name Last Name
- 2. _____
First Name Last Name
- 3. _____
First Name Last Name

permit our child(ren) to attend the **Bardstreet Shakespeare And Acting Summer Workshop at the Arts Federation on MAY 30, JUNE 6, and JUNE 13, 2026.**

We, as parents/guardians of the minor(s) listed on p. 1 of 7, hereby consent and agree to hold harmless **the Arts Federation** and/or Bardstreet, LLC, and any and all personnel or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with, our child(ren)'s participation, including the transportation necessary to participate in aforementioned activity. I hereby warrant that to the best of my knowledge, my child(ren) is in good health, and I assume all responsibilities for the health of my child(ren). I give my permission for my child(ren), in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by Bardstreet, LLC personnel or volunteers. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by either a parent in charge or by Bardstreet, LLC personnel or volunteers to secure proper treatment for my child(ren).

Alternate Rides

If circumstances prevent me from picking up my child as planned, I designate the following person(s) as having authority to take my child(ren) from the Bardstreet Shakespeare and Acting Summer Workshop in my place. I understand that person(s) not listed below will not be permitted to pick up my child.

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Drop-Off & Pick-Up Policy and Late Pick-Up Policy & Fee

Drop-off & Pick-up: A parent/guardian or designated person noted above will remain with my child(ren) until the doors open at 2 PM. A parent/guardian or designated person noted above will pick up my child(ren) promptly at 4 PM.

Late Pick-up Policy and Fee: In the event you do not pick up or arrange for a designated person to pick up your child(ren), Bardstreet, LLC will attempt to reach all emergency contact numbers, including parents or guardians at home, work and cell phone numbers, as provided by parent/guardian on this and/or registration form. It is your responsibility as parents or guardians to provide the number of any and all persons whom you authorize to pick up your child(ren) and to keep Bardstreet, LLC informed of any changes in these contact numbers.

Parent/Guardian initials:

Bardstreet Shakespeare And Acting Summer Workshop Forms & Waivers, 2 of 7

If you know you are going to be unavoidably late, we ask that you contact your authorized person to pick up your child(ren) on time, and notify us of the situation by texting Bardstreet, LLC at (765) 237-9498.

If you are more than fifteen minutes late, a late fee of \$15.00 will be assessed, with an additional \$1.00 per minute until your child(ren) is picked up. If you arrive more than thirty minutes late, an additional \$5.00 per minute will be assessed until your child(ren) is picked up. Late fees are to be paid at the time of pick-up.

Media Release

On occasion, Bardstreet, LLC takes photographs or makes an audio or video recording of children and/or adults involved in Bardstreet, LLC activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in Bardstreet, LLC publications or advertising materials to let others know about Bardstreet, LLC. Also, local news organizations may learn about Bardstreet, LLC's activities or events, and Bardstreet, LLC may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of Bardstreet, LLC see fit.

I hereby expressly grant to Bardstreet, LLC, its assigns and transferees, the right, privilege, and license to copyright, use, edit, reproduce, and publish the picture or likeness of my child(ren) in any photograph, movie, video production, or any other forms of media publication taken for the Shakespeare And Acting Summer Workshop and to use their verbal or written statements or declarations with or without name and for any lawful purpose in print and/or electronically, including casting and recruitment, audio-visual presentations, advertising, web content, social media channels, and fundraising of Bardstreet, LLC, in furtherance of the mission of Bardstreet, LLC. I release any staff and volunteers of Bardstreet, LLC, and I understand and agree that the use of such picture(s), likeness(es), statement(s), or declaration(s) is not an invasion of privacy. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Bardstreet Code of Conduct

Please go over Code of Conduct with your child(ren) in an age-appropriate way and indicate on the final page that you both agree to abide by the rules below. At Bardstreet, LLC, we want to have fun in our drama workshops and productions, and in order to do this there must be some ground rules in place. Thank you for your help in this matter!

* We ask that younger members in productions and workshops rise to the challenge, bringing all their energy to match their elders in focus, commitment, and maturity. We ask that older members in productions and workshops be respectful and encouraging toward younger members and set a positive example – be good leaders.

*We ask that people respect each other's personal space – no hitting, pushing, or any other inappropriate physical activity. We will not tolerate any form of physical or verbal bullying, inappropriate language, or disrespect towards one another or towards Bardstreet staff/volunteers.

*We respect our surroundings. We are responsible for throwing away our trash appropriately and remembering to bring our belongings home after every rehearsal or workshop. We are guests in these rehearsal/workshop places, and respect them accordingly, following rules, keeping spaces tidy, and staying in authorized locations within the buildings.

*NO cell phone use (including calling and texting) or hand-held devices during rehearsals. It can be very disruptive to the learning environment. Cell phones may only be used in an emergency or to call a parent/guardian at the END of the workshop/rehearsal.

*Be prepared – wear layers, wear comfortable closed-toe shoes, and bring a water bottle. There is a water bottle refill station at **the Arts Federation**. You may bring a small, tidy snack. Please: no sauces, snacks with lots of crumbs, or beverages besides water.

*If our code of conduct cannot be followed, a parent/guardian will be notified immediately. Inappropriate or disruptive conduct will be grounds for dismissal from the program with no refund.

Parent/Guardian initials:

MEDICAL MATTERS

1. Parent/Guardian Information

Guardian/Father's Name: _____

Emergency Phone: _____

Best Email: _____

Address: _____

Guardian/Mother's Name: _____

Emergency Phone: _____

Best Email: _____

Address: _____

2. **Emergency Medical Treatment:** In case of accident or illness of my child(ren), I request that the representatives of Bardstreet, LLC contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of Bardstreet, LLC, may make whatever arrangements seem necessary.

In the event of an emergency, I hereby give permission Bardstreet, LLC agents, representatives, volunteers and employees thereof, and chaperones or representatives associated with this event to transport my child(ren) to a hospital and/or urgent care for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I agree to assume the financial responsibility for any diagnosis, treatment and/ or medication deemed necessary. To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize the necessary procedures that have been stated above.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____

Phone: _____

FAMILY DOCTOR: _____

Phone: _____

FAMILY HEALTH PLAN CARRIER _____

Policy Number: _____

Parent/Guardian initials:

EMERGENCY CONTACT INFORMATION FORM: STUDENT INFORMATION

Name of Child: _____

Date of Birth: _____

Bardstreet, LLC will take reasonable care to see that the following information will be held in confidence.

1. Bardstreet, LLC should be aware of these special medical conditions of my child:

	No	Yes
Allergic reactions (medications, foods, plants, insects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Does child have a medically prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>
Any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>
Is child subject to chronic homesickness, emotional reactions to new situations, fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any condition(s) marked "Yes."

2. Procedures to be followed if above condition(s) presents an emergency:

3. Choose one:

- No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

OR

- I hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

If your child is taking medication and medication can be given at home before or after the Shakespeare And Acting Summer Workshop, please do so. However, if medication must be given during Shakespeare And Acting Summer Workshop, complete the "Authorization to Dispense Medication" form. This separate form can be found online at <https://www.bardstreet.com/theater/>.

Parent/Guardian initials:

(If a second child is participating, complete this page. Otherwise, skip to final page)

EMERGENCY CONTACT INFORMATION FORM: STUDENT INFORMATION

Name of Child: _____

Date of Birth: _____

Bardstreet, LLC will take reasonable care to see that the following information will be held in confidence.

1. Bardstreet, LLC should be aware of these special medical conditions of my child:

	No	Yes
Allergic reactions (medications, foods, plants, insects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Does child have a medically prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>
Any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>
Is child subject to chronic homesickness, emotional reactions to new situations, fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any condition(s) marked "Yes."

2. Procedures to be followed if above condition(s) presents an emergency:

3. Choose one:

- No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

OR

- I hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

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Parent/Guardian initials:

(If a third child is participating, complete this page. Otherwise, skip to final page)

EMERGENCY CONTACT INFORMATION FORM: STUDENT INFORMATION

Name of Child: _____

Date of Birth: _____

Bardstreet, LLC will take reasonable care to see that the following information will be held in confidence.

1. Bardstreet, LLC should be aware of these special medical conditions of my child:

	No	Yes
Allergic reactions (medications, foods, plants, insects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Does child have a medically prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>
Any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>
Is child subject to chronic homesickness, emotional reactions to new situations, fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any condition(s) marked "Yes."

2. Procedures to be followed if above condition(s) presents an emergency:

3. Choose one:

- No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

OR

- I hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

If your child is taking medication and medication can be given at home before or after the Shakespeare And Acting Summer Workshop, please do so. However, if medication must be given during Shakespeare And Acting Summer Workshop, complete the "Authorization to Dispense Medication" form. This separate form can be found online at <https://www.bardstreet.com/theater/>.

Parent/Guardian initials:

PARENT / GUARDIAN MUST SIGN AND DATE THIS FORM

I, the parent or guardian of the child(ren) listed on p. 1 of this form, have read, understood, and agree to all sections of this document, and shared the Bardstreet Code of Conduct with our child(ren). By checking this box and typing/signing my full name below, I attest that this constitutes my legal electronic signature on this form and that I fully agree and accept the terms of this document:

I accept.

Parent/Guardian Name (Type): _____

Parent/Guardian Signature: _____

Date: _____