

# FABREFACTION THEATRE COMPANY

## CONTACT INFORMATION (Please Return One Copy Per Family)

Participant(s) Last Name: \_\_\_\_\_

Birth Date(s): \_\_\_\_\_

Participant(s) First Name: \_\_\_\_\_ Age(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

### Parent/Guardian Contact Numbers (please circle preferred number)

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

Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to Participant(s): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

\* Your email will automatically be added to our online mailing list. If you do not wish to be included please check here:

Participant(s) Email (if they have one): \_\_\_\_\_

The participant(s) has my approval to participate in all the activities during Fabrefaction Theatre Company's class/workshop: \_\_\_\_\_. This includes (but is not limited to): warm-ups, dancing, crafts, etc. I understand that all activities are to be under the supervision of the staff at Fabrefaction Theatre Company's space on 999 Brady Ave. I recognize that neither Fabrefaction Theatre Company nor its staff and instructors may be held liable in any way for any occurrence in connection with the student's participation in the program. This includes (but is not limited to) dancing, moving on the set, decorating costumes or the set, etc.

I HAVE CAREFULLY READ ALL THE INFORMATION IN THIS PACKET AND I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN FABREFACTION THEATRE COMPANY AND ME.

I, as the parent or legal guardian of \_\_\_\_\_, give my permission for him/her/them to participate in Fabrefaction Theatre Company's workshop \_\_\_\_\_.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Printed Name

# FABREFACTION THEATRE COMPANY

**MEDICAL RELEASE FORM**  
(Please Fill Out One Per Participant)

Participant: \_\_\_\_\_

Are your child's Immunizations up to date?      Yes    No

Is Tetanus Shot current?      Yes    No      Date: \_\_\_\_\_

Please list ALL known allergies: \_\_\_\_\_

\_\_\_\_\_

Medical or behavioral concerns staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Fabrefaction Theatre Company to secure medical treatment for the participant named above in case of emergency.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Printed Name

# FABREFACTION THEATRE COMPANY

## PHOTOGRAPHY RELEASE

I, \_\_\_\_\_, grant permission to Fabrefaction Theatre Company, their staff, designers, officers, or agents to use photographs taken of my child, \_\_\_\_\_, during the production/workshop/class of \_\_\_\_\_. The photographs may be used in all Company promotional materials including (but not limited to): ad publications, recruiting brochures, newsletters, magazines, display boards, lobby decorations, website photographs, other electronic advertisement, etc. without notifying me.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## DEMOGRAPHIC INFORMATION

\*Participation is optional. Your information allows us to best understand how to serve you.\*

Parent(s) Occupation(s):  
\_\_\_\_\_  
\_\_\_\_\_

Please mark the race/ethnicity you most identify with:

What school does your student attend?  
\_\_\_\_\_  
\_\_\_\_\_

- Asian / Pacific Islander
- Black / African American
- Hispanic / Latino
- Native American / Alaska Native
- White, Non-Hispanic / Caucasian
- Multiracial
- Other: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Parent  
of: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FTGlee parents: I would be willing to help with:

- Costumes
- Promotion
- Lobby Decoration
- Ushering
- Concessions
- Headshots

- Props
- Other: \_\_\_\_\_

# FABREFACTION THEATRE COMPANY

## FTGlee COMMITMENT CONTRACT

(To be filled out by EACH participant)

As a member of Fabrefaction Theatre Company's FTGlee program, I understand the performance guidelines, and what is expected of me. I understand that by breaking the rules I may be removed from the choir regardless of my role. I pledge that I will:

1. Maintain myself in a mature, positive, and professional manner at all times.
2. Arrive at rehearsal ON TIME, enthusiastic, and willing to work.
3. Be willing to follow directions, take initiative, and work as a team.
4. Always wear comfortable clothes I am able to dance/move in to rehearsals.
5. Always abide by the performance guidelines as set by the production crew.
6. Respect the director and all those who volunteer to help with this program.
7. Understand that all performances and rehearsals are **mandatory**. If I miss any rehearsal or any part of any rehearsal, I may not be able to participate in the shows, and Fabrefaction Theatre Company does not have to refund any monetary compensation.
8. Be respectful of my fellow choir members at all times.
9. Do everything in my power to make our production the best and most fun it possibly can be.

\_\_\_\_\_  
Actor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Actor Printed Name

# FABREFACTION THEATRE COMPANY

## FTGlee PARENT COMMITMENT CONTRACT

(To be filled out by Parent/Guardian)

As a parent of a member of Fabrefaction Theatre Company's FTGlee choir, I understand the guidelines, and what is expected of my child. I agree to:

1. Attend all scheduled parent meetings.
2. Help my child to arrive at rehearsal on time and ready to work.
3. Collaborate effectively with the director, other parents, the production staff, and all those who volunteer to help with this production, in order to make this program the best that it can be.
4. Make sure that my child is dressed appropriately for rehearsals and that he/she has all librettos, food, rehearsal items, etc. that he/she needs to have a productive rehearsal.
5. Understand that all performances and rehearsals are **mandatory**. I understand that if my child misses any rehearsal or any part of any rehearsal without prior approval from both the stage manager and the director, my child may not be able to participate in the shows, and Fabrefaction Theatre Company does not have to refund any tuition or costume fees.
6. Volunteer my time, talents, and treasures whenever possible to make our choir the best it possibly can be.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Printed Name