

PARTICIPATING IN THE THEATRE PROGRAM

Thank you for taking the time to visit our site and download the necessary forms to auditioning. Please understand that there are MANY things to READ and consider before auditioning. Make sure you actually READ all of the information before you turn anything in.

****Please note that if you participate in ANY other after school activity you will need some of these forms so it would be advisable to make a copy of these forms.****


HERE IS WHAT YOU NEED

The following forms are included in this packet. Most of them can be filled out online then printed so they are typed and neat. **They ALL need to be completed BEFORE you may audition.**

1. Field Trip/Activities Permission Form

- a. Yes, this is another permission slip, but it covers a few different items. Just to be safe and to make sure we are always covered we require both to be filled out.
- b. This form does NOT need to be notarized.

2. High School Activities Participation Form

- a. This is necessary in case you get hurt or need medical attention for any reason.
 - i. You only need to fill one of these out. So if you play sports or have already turned one in to another sponsor then simply bring me a copy of that one
- b. Complete  this form

3. Media Release

- a. We will publicize in any possible way that we can. Often times that means contacting a TV or radio station, a newspaper or putting something online. The media release allows us your permission to use your son or daughter when those times come up
- b. Fill out, sign and return

4. Student Insurance

- a. This is NOT included in this packet as it must be completed ONLINE
- b. [Go](#) to the school insurance page on this site.
- c. You only have to get the cheapest policy (I think it's \$8)
- d. Once it's purchased you'll get an email confirmation. Please print that page and bring it to me.

Again, without these forms a student CANNOT stay after school for ANY reason with ANY club or sport.

PINELLAS COUNTY SCHOOLS
HIGH SCHOOL ACTIVITIES PARTICIPATION FORM
 HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH THE DISTRICT AND SHOW PROOF OF IMMUNIZATION

***** NOTICE *****

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Student Information:

NAME AS IT APPEARS ON BIRTH CERTIFICATE _____ GENDER _____ GRADE _____ / _____ / _____
DATE OF BIRTH

Are you an Administrative Transfer (Check One): Yes No **Birth Certificate:** Yes No

Parent(s) or Guardian(s) Must Complete This Section

Residence of Parents or Legal Guardian _____ since _____ / _____ / _____
Street Address City Month Day Year

Residence (if Different from Parent(s) or Legal Guardian) _____
Street Address City

Lived at this address since: _____ / _____ / _____
Name(s) and Relationship of Person(s) you live with if other than parent(s) or legal guardian _____
Name Month Day Year

Insurance Students participating in voluntary extracurricular athletics and activities, as defined by Pinellas County School Board Policy 8760, must purchase the Mandatory Student Accident Insurance made available by the School District. Purchase of a student accident insurance policy for football covers football and all other sports and activities requiring mandatory student accident insurance. Purchase of a (non-football) student accident insurance policy covers all (non-football) school related sports and activities requiring mandatory student accident insurance. Insurance may be purchased on-line at <http://www.pcsb.org> site shortcuts PE, Athletics & Extracurricular Activities. Note: This is excess Insurance. It is provided to cover some of the out-of-pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.

Mandatory Football Insurance _____ **Mandatory Student Accident Insurance** _____
Date Purchased Date Purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of school sponsored athletics, activities and travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company(s) providing primary and/or excess coverage for the above named student.
 * Please see attached FHSAA Pre-participation Physical Evaluation Form for pertinent medical conditions *

Student Participation Permission

***** PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY, EVEN DEATH *****

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. I hereby agree to waive, release and discharge the School and the Pinellas County School Board from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary school sponsored extracurricular athletics. I agree to indemnify and hold harmless the School and the Pinellas County School Board from claims of any nature including costs, expenses and fees arising out of or as a result of the participant's actions during this activity. This permission includes team travel for local or out-of-town trips. Circle the sport(s) the student intends to play:

- | | | | | | | | |
|------------|---------------|---------------|--------|-----------------|--------|------------|----------|
| Baseball | Cross Country | Football | Soccer | Swimming/Diving | Track | Volleyball | Lacrosse |
| Basketball | Cheerleading | Flag Football | Golf | Softball | Tennis | Wrestling | |

School attended last year: _____

Student's Signature

Signature of Parent/Guardian

Signature of Parent/Guardian

Home/Work Phone

Home/Work Phone

Date

Date

Relationship to the Student

Relationship to the Student

If only one Parent/Guardian signature above, explain reason: _____

The FHSAA web site, www.fhsaa.org, and your school's Athletic Director can best explain student eligibility requirements. If you have any questions about eligibility, please make an appointment with your schools' Athletic Director **before completing this form or trying out**. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

List schools attended by above named student during:

9th grade: _____

10th grade: _____

11th grade: _____

12th grade: _____

If you have any questions regarding eligibility, meet with your school's Athletic Director **BEFORE** trying out.

Please read both pages and retain a copy of this form before signing and returning to your school or coach

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM



School Countryside High School

I (We) hereby grant permission for _____ to participate
Student Name
in a field trip/activity to SPC, Gibbs, American Stage, and other Countryside High Theatre field trips. on 2021-2022
Location Date
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

Walking School Bus Commercial Carrier Bus Rental Vehicle (Auto, Mini Van)
 Private Passenger Vehicle with District Employee Driver Volunteer Driver Student Driver*
Time of Departure (Approximate) Varies Time of Return (Approximate) Varies

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:

Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial

YES, my child may touch and hold the animals. **NO**, my child may NOT touch and hold the animals.

* From time to time students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.

I agree / **I do not agree** (check one) to allow my child to ride with another student.

Signature of Parent/Guardian Phone (Home) Phone (Work) Phone (Cell)

Alternate Emergency Contact Phone (Home) Phone (Work) Phone (Cell)

Date

PINELLAS COUNTY SCHOOLS
MEDIA RELEASE FORM

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: _____
(name of student)

NAME OF SCHOOL: Countryside High School

I grant permission to use the above student's name, likeness and/or voice in the manners described above.

Date: _____

Student's signature (if 18 or older)

Parent or guardian's signature (if student is under 18)