



**INDIANA  
THESPIANS**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

## Code of Conduct

**DELEGATES:** Read carefully and sign, along with your parents and troupe director.

**DIRECTORS:** Photocopy the Health Care and Code of Conduct forms back to back, distribute to each delegate to read and sign. EMAIL A SCANNED COPY OF THE DOCUMENT TO JLEAZENBYBRUCE@INDIANATHESPIANS.ORG. Make ONE additional copy of signed forms. Keep that copy for yourself, and the original is for each delegate to carry at all times in their badge at state.

The following contract is intended to ensure that everyone will have a pleasurable, educational experience.

### Fundamental Expectations:

- I will treat all conference facilities and hotels with respect, including buildings, furniture, and grounds.
- I will respect all conference participants, hotel personnel, and school staff.
- I will arrive promptly and stay until the conclusion of each conference event.
- I will observe all rules of theatre etiquette, which includes the following:
  - No flash photography, cell phone use, or other distraction during a performance
  - Waiting until ushers let me into a show if I am late and staying in my seat for the entire show
  - Applauding appropriately and remembering I am watching a play, not a sporting event
  - Keeping my feet off the seats and not eating or drinking in the theatre
- I will not leave the conference site at any time without the approval of my director.
- I understand that all adults at the conference have the responsibility to collect my badge, remove me from an activity, and report me to the Thespians Board for discipline if I am rude, uncooperative, discourteous, or in violation of the terms of this code of conduct.

### Penalties:

- I realize that any delegate who cannot follow this code will be sent home without a refund of fees. A parent or guardian will be required to pick up any student who is sent home.
- Students will absolutely be sent home for the following offenses:
  - Possession of illegal drugs, alcohol, or tobacco
  - Violent behavior, including threats of violence
  - Tripping a fire alarm intentionally or accidentally
- I realize that my director can bar me from any further Thespians activities at my school if I break any rules at the conference. I may also lose Thespians points or honors.
- **I understand that any student or troupe causing a disturbance, either on site or at the hotel, or not participating in conference events, can be excluded from next year's conference and/or reported to their school administration.**

**I agree to all of the above Code of Conduct and will comply by ALL of the rules.**

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name of Thespians Director

\_\_\_\_\_  
Thespians Director's Signature

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Phone number where parent can be reached during conference

\_\_\_\_\_  
School Name & Troupe Number



## Health Care Consent Form

**Please Note:** Indiana Thespians, the Educational Theatre Association, nor the host venue are liable for any medical costs associated with any injury or accident.

*Type or print LEGIBLY. Use black ink only. Print name exactly as it appears on the registration form.*

### DELEGATE INFORMATION:

Delegate Name \_\_\_\_\_

Troupe Director \_\_\_\_\_

Troupe Number \_\_\_\_\_ School Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State IN ZIP \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Alternate Phone Number to use in case of emergency during conference \_\_\_\_\_

*Should it be necessary to transport delegate to a local hospital, the parent/guardian will be notified by phone.*

### HEALTH CARE INFORMATION:

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Reason for taking medication or other information that would be useful in the event medical treatment is necessary:

**PAYMENT INFORMATION (CIRCLE ONE):** Parent          Student          Insurance Company

Family Physician	Health Insurance Information
Name _____	Insurance Company Name _____
Phone Number with area code _____	Policy Number _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____

The undersigned parent or guardian understands that should a major medical problem arise, she or he will be notified by telephone. In the event that she or he cannot be reached, she or he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician(s). The undersigned certifies that she/he has read and fully understands this authorization.

\_\_\_\_\_  
Signature of above named delegate

\_\_\_\_\_  
Signature of Parent/Guardian

**Directors: Bring TWO copies of the completed form for every student. One should be submitted prior to registration, one will be carried by the student, and one will be kept in your possession.**