



2017 FALL APPRENTICESHIP PROGRAM

APPRENTICE APPLICATION & EMERGENCY MEDICAL INFORMATION

STUDENT NAME:		PLEASE LIST IN ORDER OF PREFERENCE WITH 1 BEING MOST PREFERRED:	
FULL STREET OR MAILING ADDRESS:		<input type="checkbox"/> COSTUME APPRENTICE <input type="checkbox"/> LIGHTING AND SOUND APPRENTICE <input type="checkbox"/> PROPERTIES APPRENTICE <input type="checkbox"/> STAGE MANAGEMENT APPRENTICE <input type="checkbox"/> THEATRE ADMINISTRATION APPRENTICE	
AGE:	BIRTHDATE:	PLEASE CIRCLE ONE: M F	GRADE & GPA:
PARENT/GUARDIAN:		PEOPLE ALLOWED TO PICK UP APPRENTICE:	
CELL #:		HOME #:	
EMAIL:		OTHER:	
BEST WAY TO CONTACT YOU (PLEASE CIRCLE ONE): EMAIL CELL # HOME # OTHER:			
CONSENT/RELEASE OF LIABILITY (TO BE COMPLETED BY THE PARENT/GUARDIAN)			
PLEASE CIRCLE ONE: Yes No	I understand that pictures/video will be taken which may be used for educational and/or marketing purposes.		
PLEASE CIRCLE ONE: Yes No	I release the Weathervane Playhouse/WYART, its volunteers and affiliates from liability for personal injury and property loss/damage incurred at any Weathervane Playhouse/WYART event, activity or experience.		
REQUIRED SIGNATURE (TO BE COMPLETED BY APPRENTICE & PARENT/GUARDIAN)			
I certify that the information provided in this application to the best of my knowledge is correct. I understand that deliberately providing false information and/or failure to comply will result in dismissal from the Apprentice Program.			
APPRENTICE SIGNATURE:			Date:
PARENT/GUARDIAN SIGNATURE:			Date:



APPRENTICE & PARENT AGREEMENT

The WeatherVane Playhouse/WYART Apprentice Program offers apprentices a performing arts community where qualified professionals serve as mentors. With an emphasis on creativity, collaboration, and personal excellence, we provide hands-on opportunities for apprentices to grow as artists and as human beings.

Our goal is to challenge each apprentice to exceed his or her own expectations. To take risks. To be bold. To have fun! To provide an opportunity for students to explore the professional behaviors, expectations, and responsibilities of a hands-on work experience.

We ask that parents support and guide their children and ensure they are present, prepared, and prompt every day. Parents should actively support their apprentice in valuing his or her own ideas and foster collaboration rather than competition.

APPRENTICE PLEDGE

I, _____, understand that this apprenticeship is a step towards my professional development. I promise to do my best in every task I am given. I promise to communicate with my department supervisor if I have any concerns, feel uncomfortable with a task, or would like to learn or do more.

I also pledge to participate in all WYART workshop activities in which I am enrolled. I pledge to respect myself, other people and the theatre. I pledge to support creativity and commit to learning. I pledge to be prepared and have fun!

Each student needs to come with a positive attitude and a generous spirit. I pledge to attend scheduled hours or notify the department head and/or Production Manager of an emergency. I will bring my materials and study the notes I have been previously given, and will come in prepared to the next scheduled work hours.

Apprentice Signature _____ Date _____

PARENT/GUARDIAN PLEDGE

I, the parent/guardian of the student named above, promise to assist my apprentice in keeping his or her pledge.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

NAME	RELATIONSHIP TO APPRENTICE	PHONE # 1	PHONE # 2
NAME	RELATIONSHIP TO APPRENTICE	PHONE # 1	PHONE # 2



MEDICAL RELEASE OF INFORMATION & CONSENT - *REQUIRED*

Medication Dispensing Information / WAIVER and RELEASE OF CLAIMS

(Please Read Carefully) In the event of a medical emergency involving the above named participant, if reasonable attempts to contact one of the above listed individuals is unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone number) or Dr. _____ (preferred dentist) at _____ (phone number) or in the event the preferred medical professional is not available by another licensed medical professional, and (2) the transfer of the above named participant to _____ (preferred hospital) or the nearest emergency medical location.

My child may self-administer medication? YES NO

Please list all medication that will be brought to workshop/productions and the proper administration guidelines:

List all medical conditions or allergies:

I hereby acknowledge that any medication sent with my child will comply with the above information. I do hereby fully release Weathervane Playhouse and its affiliates, officers, agents, volunteers and employees from any and all claims from injury, damages and losses I or my child may have arise out of, are connected with, incidental to, or in any way associated with the administering/dispensing of medication or self-administrated medication.

I understand that insurance coverage for accidents or illness while participating in any event with Weathervane Playhouse is my responsibility.

Insurance carrier: _____

Policy Number: _____

Medicare Number: _____

Medicaid Number: _____

Signature of Parent or Guardian _____ Date _____