

PSMS MUSICAL THEATRE PROGRAM ACTOR'S CONTRACT

I realize that participating in a Prescott South Middle School production is a privilege. Therefore, as a cast member, I am committing myself to the following:

BEHAVIOR:

1. I understand that the PSMS Musical Theatre Program is a TEAM and a FAMILY.
2. I will respect all authority figures (including my directors/choreographer and parent volunteers), my cast mates, and school/facility representatives at all times.
3. I will support my directors' decisions regarding all aspects of the show, including casting. I understand that my directors have put faith in my talents and abilities, and I commit to using those talents and abilities to my full potential.
4. I will take pride in PSMS, this show, my performance, and my behavior. I will conduct myself with the utmost professionalism during rehearsals and performances, recognizing that my behavior influences others. I am responsible for the ongoing reputation of the PSMS Musical Theatre Program.
5. Any school suspension will result in immediate removal from the cast of this production. Other disciplinary issues, as well as academic decline, may affect my ability to continue in the show.
6. I will treat everyone the way I'd like to be treated and will support and encourage my fellow cast mates. I will not gossip, name-call, complain, or use profanity or inappropriate words or actions towards PSMS, my fellow cast and crew members, or their families.
7. I will not use social media or technology in a disrespectful or bullying fashion. I understand that what I post on social media is no longer private, and making inappropriate online posts of any kind (including comments or photos) that would adversely affect the reputation of our organization or the reputation of any cast member will not be tolerated.
8. I will treat all PSMS property and equipment with care. I will ensure my microphone, costumes, and/or props are all stored properly and that my dressing room is clean at the end of each rehearsal and performance.
9. I will dress modestly and appropriately at all times. I understand that this means wearing an undershirt and shorts beneath my costumes and only changing in front of other students with proper undergarments.

ATTENDANCE/REHEARSAL EXPECTATIONS:

10. I agree that rehearsals for this production will be a priority commitment, and I will monitor the calendar accordingly. I will discuss any conflicts in scheduling with my directors as soon as they arise. Absences from rehearsals will put my role in jeopardy. I understand that if I miss more than 3 scheduled rehearsals unexcused or 3 times excused (uncombined), I will be dismissed from the production. I understand that excused absences include the following: illness, death in the family, unavoidable doctor's appointments, and family emergencies. I understand that if I do not give Ms. Francis at least one week's notice of a scheduled appointment that it will become an unexcused absence. Ms. Francis and the PSMS administration have the authority to determine whether an excuse is excused or unexcused.
11. I will stay onsite in the designated area at all times during rehearsals or performances and will not leave until the rehearsal/performance is completed or I am excused.
12. I will be attentive during all rehearsals, and if I am not actively on stage, I will work quietly on activities to improve my own performance.
13. I will not invite guests to rehearsals unless I have previously arranged to do so at least a week ahead of time with my directors.

14. I will ensure that I have arranged to arrive at rehearsal on time and be picked up promptly when rehearsals are over. Repeated late pick-ups from rehearsal affect the schedules of my directors and may result in my removal from the cast.

USE OF ELECTRONICS:

15. I understand that any personal electronic device I bring to school is my responsibility and ensuring the safety of this device is not the responsibility of the PSMS Musical Theatre Department. My cell phone and electronic devices will not become a distraction during rehearsals and performances. If I am asked to put my device away, I will do so. I will never bring a device with me onto the stage and will provide my electronic devices to a director or stage manager prior to all warm-ups for performances.

16. I understand that if I am found with my cell phone backstage during a performance or any time after warm-ups, my cell phone will be confiscated and I will be “benched” for a show as a consequence.

INJURY:

17. I will not engage in any risky behaviors or horseplay which could needlessly cause injury to myself or a fellow cast member.

18. I understand that Musical Theatre is a demanding discipline, and protecting my health through sleep, rest, and proper nutrition are important.

19. If I should become injured during a rehearsal or performance, I will immediately notify my directors/choreographer/stage manager/appropriate parent volunteer.

20. Should I suffer an injury that affects my ability to rehearse or perform, I will be permitted to attend up to two rehearsals as an observer making careful notes of blocking/choreography. If my injury is going to affect more than two rehearsals/or any performances, I will discuss this with my directors/choreographer and provide a medical statement outlining my specific limitations.

I agree to adhere to these policies set forth by the PSMS Music Theater Program. I understand that breaking my agreement detailed in this contract will be grounds for dismissal from the production.

Actor’s Signature

Date

I, the parent/guardian of the above-signed, have reviewed the above Actor’s Contract and agree to ensure my child abides by the policies set forth above.

Parent/Guardian Signature

Date

ACTOR INFORMATION FORM

Name: _____ Role: _____

Actor Cell Phone: _____ Grade: _____

Parent/Guardian 1 Name: _____ Parent Cell: _____

Parent/Guardian 2 Name: _____ Parent Cell: _____

Primary Email Address for actor: _____

Primary Email Address for Parent/Guardian 1: _____

Primary Email Address for Parent/Guardian 2: _____

I live with: both parents in the same household
 only one parent; please list name: _____
 each parent on a rotating custody schedule
 other family member/guardian; please list name: _____

Actor's Mailing Address: _____

Actor's T-shirt size (circle one) : YS YM YL AS AM AL AXL AXXL A3XL

Emergency Medical Release:

In the event of an emergency, while my child is under the supervision of the PSMS music directors and staff, I understand that PSMS will attempt to contact me immediately and contact emergency services. In the event that I, and/ or the contacts provided, cannot be reached, I hereby give permission to PSMS to secure proper treatment for my child.

Parent/Guardian Signature Date

Attendance Policy:

It is expected that this production will be a priority commitment. Each performer is required to attend all scheduled rehearsals. All conflicts during the rehearsal period must be submitted to the PSMS staff immediately following the parent information meeting for approval of absence. It is expected that each actor will check all cast notes and calendars by email in case of any change. The actor will be removed from the production if continued conflicts and absences persist in the rehearsal process. Please note that even if conflicts are reported in advance, missing rehearsal may prevent an actor from being staged into scenes and musical numbers. Additionally, all actors are expected to attend all scheduled dress rehearsals and performances with the only exceptions being illness or family emergency. I have read the above and agree to honor this policy.

Parent/Guardian Signature Date

Photo Release:

I hereby consent to the use of my child's image in promotional/educational materials for the production, including social media posts.

Parent/Guardian Signature Date