

Wilson Theater Company
2017 PA STATE ITS CONFERENCE
Central York High School November 30, December 1, & 2

This year's 3 day conference is again being hosted by Central York High School on November 30, December 1, & 2. We will perform *GODSPELL* on Friday morning, and our own Abby White will serve as one of the state thespian officers! In addition, we will also watch one acts, main stages, participate in workshops and network with other students and theater groups. This year nearly thirty school districts throughout Pennsylvania will participate.

TO REGISTER FOR THE 2017 PA STATE THESPIAN CONFERENCE:
[FOLLOW THIS LINK TO REGISTER](#)

NOTES & REMINDERS....

- Be sure to register by clicking and filling out the form above (FOLLOW THIS LINK TO REGISTER)
- All meals have been prepaid. You may want to bring additional money for snacks or souvenirs. An additional \$20 is recommended. If you intend to buy souvenirs, you may want to bring more money. There are many interesting and fun theater memorabilia items for sale – the cost varies greatly.
- If you have special dietary needs, indicate them on the online form, and talk to Mr. Reppert about your food needs.
- Indicate on the ONLINE REGISTRATION FORM 4 people with whom you would be willing to room
- We will do our best to place you with at least one person who you've indicated as one of your 4 roommate preferences.
- Make sure to complete ACADEMIC TUTORING if you are on the list.
If you are academically ineligible, you will not be permitted to attend the trip!
- We will load the truck with the *GODSPELL* set, props, and costumes on Wednesday, November 29.
- Bring your luggage with you to school on Thursday, November 30. You may drop off your luggage in the drama room.
- You will report to your first 2 class periods. At the end of period 2, you should report to the drama room. We will leave from Wilson High School at 9:30 am.
- We will check into the COMFORT INN hotel when we arrive in York and then go to Central York High School following check-in.
- We will get pizza to eat for lunch on Wednesday. If you want something other than pizza for lunch, you should bring a packed lunch with you on the first day.
- We will perform *GODSPELL* on Friday morning at 9am. We will leave our hotel on Friday morning very, very early.
- We will arrive back at the Wilson High School parking lot at approximately midnight on Saturday, December 2.

IE / SCHOLARSHIP APPLICANTS & PERFORMERS /

TECH CHALLENGE / MAKE UP & HAIR CHALLENGE / STO APPLICANTS

- Students are required to wear PRO BLACK for performances and interviews.
- Note that there is a \$15 additional charge for IE performances, and a \$30 charge for those applying for scholarships. Scholarship auditions must be registered and paid through ACCEPTD.
- Go to www.pathespians.org for details and requirements for your event
- All performers will also perform at the ITS CABARET on WEDNESDAY, NOVEMBER 8 (*more info to follow*)
- Check with Mr. Reppert to confirm your registration.

DUE DATES:

- By **Thursday, October 26** – turn in
 - **Deposit (\$50)**
 - Completed [ON LINE REGISTRATION](#)
 - Hand In Copies of Your **SIGNED REGISTRATION FORMS** (*attached*)
 - **Wilson School District Permission Form**
 - **Conference Consent Form**
 - **Health Form**
- By **Thursday, November 9** – turn in
 - **Final Trip Payment (\$175 / \$190)** (*total cost of the trip is \$225/\$240*)
- PA Thespian Connections (*more details to follow*)
 - www.pathespians.org
 - Smart phones users: download the conference schedule app - GUIDEBOOK
 - Text messages: sign up to receive conference messages
- Packing Suggestions
 - Pack lightly! No more than 1 carry on and 1 piece of luggage.
 - Leave valuable items at home / bring electronics at your own discretion.
 - Participants with prescription medication should inform Mr. Reppert and give him a copy of the prescription for safekeeping.
 - Students who wear contact lenses or glasses should bring a backup pair.

the hotel:

BEST WESTERN
1415 Kenneth Rd. (West side of York near Manchester Mall)
(717) 767-6931

conference site:

CENTRAL YORK HIGH SCHOOL
601 MUNDIS MILL RD.
YORK, PA 17406
717-846-6789

Questions?

Contact Mr. Reppert: repjod@wilsonsd.org or 610-670-0180 ext. 5095

Directions to Central York High School

, 2601 Grandview Blvd, West Lawn, PA, 19609-1324 -

- | | |
|---------------------------------------------------------------------------------|---------|
| 1. Start out going WEST on GRANDVIEW BLVD toward LAIRD ST. | 0.2 mi |
| 2. Turn LEFT onto N DWIGHT ST. | 0.4 mi |
| 3. Turn RIGHT onto GARFIELD AVE. | 0.4 mi |
| 4. Turn LEFT onto SHILLINGTON RD/PA-724. | 0.6 mi |
| 5. Merge onto US-222 S toward LANCASTER. | 24.3 mi |
| 6. Merge onto US-30 W toward LANCASTER/YORK. | 21.7 mi |
| 7. Take the MT ZION RD/PA-24 exit. | 0.3 mi |
| 8. Turn RIGHT onto PA-24/MT ZION RD. | 2.1 mi |
| 9. Stay STRAIGHT to go onto N SHERMAN ST. | 0.2 mi |
| 10. Stay STRAIGHT to go onto MUNDIS MILL RD. | 0.3 mi |
| 11. 601 MUNDIS MILL RD is on the RIGHT. | 0.0 mi |

, 601 Mundis Mill Rd, York, PA, 17406-9714 -

Total Travel Estimate : 50.51 miles - about 1 hour

Trip to 601 Mundis Mill Rd

York, PA, 17406-9714

50.51 miles - about 1 hour

2017 PA STATE ITS CONFERENCE

FORMS & DUE DATES

Print the forms on the following pages, complete them, and give them to Mr. Reppert by the due date.

- Wilson School District Permission Form
 - Conference Consent Form
 - Health Form

Online Registration due October 26

Permission, Consent, & Health Forms due October 26

\$50 Deposit due October 26

Final Payment (\$175 / \$190) due November 9

(total cost of the trip is \$225/\$240)

All checks should be made payable to WILSON THEATER COMPANY



WILSON SCHOOL DISTRICT FIELD TRIP PERMISSION FORM 2017-18

TRIP INFORMATION:

Trip Destination: CENTRAL YORK HIGH SCHOOL - STATE ITS CONFERENCE

Trip Date: NOVEMBER 30 Departure Time: 7 AM Return Time: DECEMBER 2 @ MIDNIGHT

Mode of Transportation: school bus

Class/Teacher Conducting Trip: JODY REPPERT - WILSON THEATER COMPANY

Special Instructions to Parents/Guardians: _____

STUDENT INFORMATION:

Name of Student: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION:

- ☐ The information listed in Skyward is my current contact information (**skip** to Emergency Contact Section).
☐ My Skyward information needs to be updated to:

Parent/Guardian: _____

—

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell
Phone: _____

EMERGENCY CONTACT: If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: (1) give permission to administer health care; (2) pick up your child if your child is ill; (3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION: Please provide the following medical information or if your child does not have any of the health conditions listed below, please write "None."

- ☐ The information listed in Skyward is my current medical information (**skip** to Emergency Medical Treatment)
- ☐ My Skyward information needs to be updated to:

Medication(s) being taken by student:_____

Allergies to foods, drinks, insect bites, medications, other:_____

Health concerns that require special attention (asthma, seizures, cardiac problems, diabetes, etc.):

Physician's Name:_____ Phone:_____

Medical Insurance:_____ Policy #:_____

EMERGENCY MEDICAL TREATMENT: I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by medical personnel. I acknowledge and agree that the Wilson School District is not responsible for loss of or damage to my child's personal property during the field trip.

I have read the above information and give my permission for my child to attend this field trip.

Print Name of Parent(s) or Guardian(s):_____

Signature of Parent(s) or Guardian(s):_____

Date:_____

2017 Consent and Acceptance form

The Pennsylvania Thespians require that this form be completed in full for each delegate (students and adults) attending PA State Thesplan Conference at Central York High School and signed by a parent or legal guardian. Enter Delegate's name exactly as it appears on registration form. *Every attendee should wear the 1st & 2nd page in their badge. The Troupe Director should have a copy and another should be turned into PA Thespians at Conference Registration.*



**PENNSYLVANIA
THESPIANS**

AN EDUCATIONAL THEATRE ASSOCIATION AFFILIATE

Please type or print legibly in black or dark blue ink.

| | | | | |
|--------------------------------------------------------------------------------------------|------------|--------------|--------------------------------------|--------|
| LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF BIRTH (mm/dd/yyyy) | GENDER |
| STREET ADDRESS (Home) | | | TELEPHONE (10-digit home or primary) | |
| CITY | STATE | | ZIP CODE | |
| SCHOOL | | | TROUPE NUMBER | |
| NAME OF PARENT/GUARDIAN/NEXT OF KIN (First and last name) | | RELATIONSHIP | PHONE NUMBER (10-digit) | |
| PRIMARY EMERGENCY CONTACT (First and last name) | | RELATIONSHIP | PHONE NUMBER (10-digit) | |
| SECONDARY EMERGENCY CONTACT (First and last name) | | RELATIONSHIP | PHONE NUMBER (10-digit) | |
| NAME OF TROUPE DIRECTOR OR CHAPERONE ATTENDING EVENT (Chaperone must be 21 years or older) | | | | |

| |
|-----------------------------------------------------------------------------------------------|
| ALLERGIES TO FOOD AND/OR MEDICATIONS (IF NONE, please indicate) |
| MEDICATIONS CURRENTLY BEING TAKEN AN/OR CARRIED such as an epi pen (IF NONE, please indicate) |
| PAST ILLNESSES OR INFORMATION NECESSARY IN AN EMERGENCY (IF NONE, please indicate) |

I CONSENT TO MEDICAL TREATMENT

The undersigned hereby gives permission and consents to Pennsylvania Thespians and its Organizers to provide routine first aid, supervise the self-administration of over-the-counter and prescription medications and to seek medical assistance and/or treatment on behalf of the Delegate in the event that an illness or injury requiring such medical assistance and/or treatment occurs while the Delegate is attending or participating in the PA Thesplan Conference. In the event that reasonable attempts to contact the individuals listed above are unsuccessful, the undersigned hereby authorizes and consents to (1) the administration of any treatment deemed necessary by the physician listed below or, if unavailable, such other licensed physician or other healthcare provider as may be available and (2) the transfer of the Delegate to the nearest hospital or other medical facility for emergency medical evaluation, care and treatment. The indemnification in Section I below shall expressly cover any claims related to the actions by the Pennsylvania Thespians and its Organizers in (1) providing such routine first aid or supervision and (2) seeking such medical evaluation, care and treatment, and in providing any information reasonably requested by such emergency medical providers for purposes of providing or billing for services.

| | |
|--------------------------------------------------------------|------|
| SIGNATURE OF PARENT/GUARDIAN OR STUDENT OVER 18 YEARS OF AGE | DATE |
|--------------------------------------------------------------|------|

| | | |
|-----------------------------------|-------|---------------------------------------------------|
| FAMILY PHYSICIAN | | <input type="checkbox"/> CHECK IF NONE |
| NAME | | |
| PHYSICIAN PHONE NUMBER (10-digit) | | |
| STREET ADDRESS | | |
| CITY | STATE | |

| | | |
|----------------------------------|--------------|----------|
| HEALTH INSURANCE COMPANY | | |
| INSURANCE COMPANY NAME | | |
| POLICY HOLDER NAME | | |
| POLICY ID# | GROUP/PLAN # | |
| INSURANCE COMPANY STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

| | | |
|-------------------------------|---------------|-----------------------|
| PRESCRIPTION INSURANCE | PROVIDER NAME | PROVIDER PHONE NUMBER |
| Rx GROUP # | Rx BIN # | ID # |

I. RELEASE & INDEMNIFICATION

The undersigned hereby releases and agrees to indemnify, save and hold harmless Pennsylvania Thespians, the Educational Theatre Association, its programs, Chapter and other Group Affiliates, and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable attorneys' fees) resulting from the Delegate listed above participating in Pennsylvania Thespians. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from PA Thespians including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate. The undersigned authorizes the Delegate to be released to the Troupe Director or Chaperone listed on Page 1 of this form.

II. RULES AND REGULATIONS

The undersigned agrees that the Delegate shall abide by PA Thespians security rules and regulations. The undersigned understands that, if the Delegate violates security rules and regulations, the Delegate may be returned home, and the undersigned (or parents and/or legal guardians) may be financially responsible for all necessary costs incurred while sending Delegate home and no refunds will be granted.

III. INTELLECTUAL PROPERTY RELEASE

The undersigned hereby assigns to the Educational Theatre Association all copyrights and other intellectual property rights in artwork, text, music, software, video, choreography and other types of work ("Works") created by the undersigned specifically for the undersigned's participation in the events or activities of the Organizers. The undersigned waives all rights in such Works under the Visual Artists Rights Act of 1990 and agrees to sign all further documents or instruments necessary to vest in the Educational Theatre Association all rights, title and interest in the aforementioned Works and intellectual property. The intellectual property rights hereby assigned to the Educational Theatre Association and waived by the undersigned do not include rights of the undersigned in works that pre-exist the undersigned's participation in the events or activities of the Organizers.

PHOTO/VIDEO RELEASE

The undersigned irrevocably consents to being photographed or being recorded by means of video or audio tape recording by the Organizers, or a designated representative of the Organizers. These photographs and/or recordings can be used, without compensation to undersigned and/or the Delegate, in any public display, publication or media, or website, or in any manner or form, and at any time by the Organizers in promotion of the mission to promote the theatrical arts and have theatre arts recognized in all phases of education. The undersigned releases the Organizers, and their employees, agents, representatives, associates, Board of Director members, and consultants from any liability in connection with the use of such photographic, video and/or audio materials.

IV. AUTHORIZATION

I consent to the use or disclosure of protected health information by the PA Thespians or its Organizers, or any third party health care provider, for the purpose of analyzing, diagnosing, and providing treatment to the above stated Delegate, obtaining payment for health care services rendered or to be rendered, or to conduct health care operations. A copy of this consent is as valid as the original. I authorize my insurance benefits to be paid directly to the PA Thespians or its Organizers, or any third party health care provider. I assume full responsibility for and agree to pay for all services rendered or to be rendered. I understand I have a right to receive a copy of this consent upon request, and to revoke this consent in writing at any time except to the extent that the Organizers, or another third party health care provider, has taken action in reliance on this consent. This authorization is valid one year from the date signed or through the term of coverage of the policy, and during the required period to process the claims.

V. SECURITY RULES AND REGULATIONS FOR PA STATE THESPIAN CONFERENCE

PA Thespians has implemented the attached Security Rules and Regulations to provide a safe environment for youths participating in activities, clinics, and conferences. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable activity/program experience.

The Delegate and the Delegate's parent and/or legal guardian have read, understand and agree to be bound by the above provisions, as evidenced by their signatures below:

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF DELEGATE

DATE

SECURITY RULES AND REGULATIONS FOR PA STATE THESPIAN CONFERENCE

ALCOHOL AND DRUGS - Students consuming drugs or alcohol, or found to be under the influence at any time during the conference will be returned home immediately, at parents' expense.

CURFEW – HOTEL ROOMS - All delegates will be required to be in their rooms with lights out at the time indicated on the conference schedule. Sponsors, chaperones and security personnel will check rooms and halls throughout the night. Any troupe that does not abide by the curfew rules will not be invited to conference the following year. Mixed gender groups may not visit behind closed doors.

SMOKING - Everyone is prohibited from smoking in all school buildings and on all school property.

CAMERAS – Delegates are not permitted to take flash photographs during any performance.

DRESS CODE - Proper attire, including shoes, must be worn at all times while on the conference site.

Delegates are encouraged to wear comfortable clothing for workshop activities and to dress according to their school's dress code.

BADGES - All conference attendees **MUST** wear identification badges at all times. Badges serve as meal tickets, admission to all Conference activities. There is a \$10 charge to replace lost badges.

HOUSE REGULATIONS - ALL FOOD AND DRINKS MUST BE CONSUMED OUTSIDE THE AUDITORIUM.

ATTENDANCE - All student delegates are **REQUIRED** to attend the events scheduled during the conference unless excused by their troupe and chapter directors.

THEATRE ETIQUETTE-Students are expected to behave as ladies and gentlemen at all times. Rudeness in gesture or language will not be tolerated. Do not walk in or out of the theatre during a performance. Do not stand in the lobby during a performance; be seated. Avoid talking and catcalls. Treat those on stage with the same respect you want when you are on stage. This includes social media comments.

Acknowledge the accomplishments after the show. Applause should be held until the end of an act or production. Express your reaction to comedy through laughter, not applause or cheering since these may affect the pacing of the actors.

STUDENT COMPLIANCE - Students will not be allowed to attend the conference unless they and a parent/guardian agree to the rules as shown by their signatures at the bottom of this document.

INFRACTIONS AND CONSEQUENCES

MINOR INFRACTIONS - Disrespect for adult authority; profanity; unauthorized absence from conference activity; eating or drinking in the theatre; not wearing name badge visibly around the neck; flash photography during performance; improper theatre etiquette

CONSEQUENCES - Verbal warning, report to troupe director, and a letter of apology to State Board and to those wronged.

MAJOR INFRACTIONS - Not in assigned hotel room at curfew; smoking; possession of alcohol, non-prescription drugs or a weapon; leaving the conference area; sexual activity; repeated minor infractions

CONSEQUENCES - Appear before the State Board with troupe director to explain the actions; letter of apology to the State Board and to those wronged; loss of audition privileges; loss of state activities for 1 calendar year; sent home at parents/guardians expense. The Chapter Director and State Board will notify the school principal of the incident and outcomes, in writing.

The undersigned hereby recognizes that performances may include mature themes and language. The undersigned also agrees to abide by the Chapter's Security Rules and Regulations with the understanding that, should any problems occur with the delegate, he/she will be returned home, and the parents, guardian, or next of kin will be financially responsible for all necessary costs incurred. The undersigned also realize that
CONFERENCE REGISTRATION FEES WILL NOT, UNDER ANY CIRCUMSTANCES, BE REFUNDED.