BUCYRUS
LITTLE THEATRE

Teen Theatre Club Lock-In

All Teen Theatre Club Lock-In participants and their parents must read and sign this sheet, indicating their agreement to these rules. Violation of these rules will result in disciplinary action and may include the participant being asked to leave the lock-in. The first infraction will result in a verbal warning. Repeated violations will result in calling the parent or guardian for immediate pick-up of their child, regardless of the hour.

1. No one will be allowed to attend the lock-in without a signed parental permission slip, complete with the parent or guardian's contact numbers. Parents may be called in advance of the event to confirm the validity of information.
2. Participants will not be allowed to exit the theatre during the lock-in. There will be no unauthorized exiting or entering of the building during the event.
3. Gossip, insults, swearing, bullying, or disrespectful sarcasm will NOT be tolerated.
4. Participants should not wear revealing clothing.
5. Personal displays of affection (PDA) will not be permitted. All lock-in participants must respect others' physical boundaries. Inappropriate behaviour (e.g. physical intimacy or sexual harassment) is not permitted and will not be tolerated.
6. Special medication, allergies, or any other required items should be indicated on the Medical Release form and given to the event chaperones at check-in.
7. Illegal drugs, alcohol, dangerous materials, or firearms are not permitted.
8. Lock-in participants are expected to be considerate and respectful of all other participants and chaperones.
9. All participants must be respectful of the theatre and all theatre property.
10. The enforcement of these lock-in rules is everyone's responsibility.

I have read the above rules and agree to abide by them.

Youth Signature _____ Date: _____

Parent Signature: _____ Date: _____

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Teen Lock-in Permission Slip / Medical Forms / Contact Information

Contact Information

Participant Name: _____ Date of Birth: _____ Age: _____

Custodial Parent's/Guardian's Name(s): _____

Address: _____City:_____ State:_____ Zip:_____

1st Parent Home Phone: (____)_____Cell Phone:(____)_____
2nd Parent Home Phone: (____)_____Cell Phone:(____)_____
Emergency Contact: (____)_____ Relationship to Child:_____

Medical Information

Child's Doctor: _____ Phone:(____)_____
Allergies: _____
General Health Concerns:_____
Current Medications: _____

You MUST provide BLT staff with any special written instructions regarding any medication that may need to be administered during the lock-in.

General Permissions

Please initial each statement to indicate your approval:
_____ BLT may provide food, snacks, and breakfast to my child during the lock-in.
_____ BLT may show movies that may have a PG or PG-13 rating during the lock-in.
_____ BLT may allow lock-in participants to try on costumes and/or makeup during the event.
_____ I have provided BLT with a full list of allergies to ensure the safety of my child.

I GIVE PERMISSION TO BUCYRUS LITTLE THEATRE AND ALL DESIGNATED PARENT CHAPERONES OR BOARD MEMBERS TO ADMINISTER FIRST AID. IN THE EVENT OF AN EMERGENCY AND I AM UNABLE TO BE REACHED, I HEREBY AUTHORIZE THE BUCYRUS LITTLE THEATRE AND ALL AFFILIATES TO SPEAK WITH THE ABOVE EMERGENCY CONTACTS, PHYSICIANS, OR SEEK EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY.

Parent Signature: _____ Date: _____

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BLT Teen Lock-in Permission Slip

PERMISSION:

I give my child _____ permission to attend Bucyrus Little Theatre Teen Lock-In event at Bucyrus Little Theatre Saturday Nov. 1 (drop off time 6:30 p.m.) to Sunday Nov. 2 (pick-up time 8 a.m.). I understand that my child will remain at the Lock-In for the event's duration and will not be permitted to leave the premises or exit the building. I also understand that the Lock-in is sponsored by the Bucyrus Little Theatre and is chaperoned by board members and/or parent volunteers. All chaperones and/or parent volunteers will be subject to a background check. I acknowledge my child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of all the participants, and that failure to comply would exclude my child from participation in this activity.

Should my child not follow the rules for the Lock-in, I may be required to pick up my child at any time during the course of the event.

I also understand that for the safety of all lock-in participants and theatre personnel, the premises (inside and outside) is monitored by security cameras.

Participants must be between the ages of 13-17 years during the time of participation. All chaperones will be 18 and older. No exceptions will be made.

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____