

During the course of the school year, your student may be involved in various activities sponsored by the Beaverton School District No. 48. There will be some activities that the District will not be providing transportation to and from. In the event that private transportation is necessary, please complete the following form that: (a) requests that you be allowed to act as a volunteer driver of other students; (b) requests that your student be permitted to be a passenger in a privately operated vehicle; (c) requests that your student drive **ONLY** him/herself*; (d) requests that your student be allowed to act as a volunteer driver*; and (e) releases the District from liability arising out of students being transported in a privately owned vehicle.

Section 1: Trip Information (completed by teacher, advisor or coach)

SCHOOL Southridge HS	DESTINATION Salem Convention Center	DEPARTURE DATE March 31, 2022	DEPART TIME 8:00 am	RETURN TIME 4-2-22 - 8:00 pm
DESCRIPTION OF TRIP Attend and participate in State Thespian Conference		SUPERVISING STAFF NAME Jim Fewer	STAFF PHONE NUMBER 971-940-9126	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable) Food on own or bring own food - Breakfast provided in Grand Hotel.		

Section 2: Student Information and Parent Permission (completed by parent or guardian)

STUDENT NAME	STUDENT ID	STUDENT CELL PHONE NUMBER
PARENT/GUARDIAN NAME	HOME PHONE NUMBER	CELL PHONE NUMBER
EMERGENCY CONTACT NAME	EMERGENCY CONTACT RELATIONSHIP	EMERGENCY CONTACT PHONE NUMBER
HEALTH INSURANCE PROVIDER	POLICY NUMBER	
<p>◆ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.</p> <p>◆ MEDICAL WAIVER I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.</p> <p>◆ IN CASE OF SURGICAL EMERGENCY I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and <u>signed</u>.</p> <p>◆ TRANSPORTATION RELEASE I agree, by signing below, to release from liability, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understood the terms and conditions required of volunteer drivers.</p>		
NAME OF PARENT OR LEGAL GUARDIAN (print)		SIGNATURE OF PARENT OR LEGAL GUARDIAN AND DATE

*Per IIC-AR, Students cannot be drivers on Field Trips. Students may only drive to/from district sponsored activities if the activity is within the boundaries of the following school district's: Beaverton, Portland (west of the Willamette River), Hillsboro, Forest Grove, Banks, Tigard/Tualatin, West Linn/Wilsonville, Riverdale and Sherwood.

Section 3: Volunteer Driver Information (must read and agree you meet driver qualification)

DRIVER'S NAME (as it appears on driver's license)	DATE OF BIRTH	DRIVERS LICENSE # AND STATE	EXPIRATION
DRIVER'S PHONE NUMBER	DRIVER'S HOME ADDRESS		
INSURANCE COMPANY	INSURANCE POLICY NUMBER & EXPIRATION DATE (attach copy of insurance card)		
<p>I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from school activities. I request that the above named individual be allowed to transport students to and from activities sanctioned for private transportation by school officials. I hereby release, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understand the terms and conditions required of volunteer drivers (outlined below).</p>			
<p>I am driving: <input type="checkbox"/> myself and my student ONLY <input type="checkbox"/> myself and other students</p>			
NAME OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER (print)	SIGNATURE OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER & DATE		

Section 4: Volunteer Driver Qualifications

To qualify as a Beaverton School District Volunteer Driver, the following conditions must be met.

Volunteer Drivers: (a volunteer driver is **ANYONE** driving a Private Auto)

1. Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers. **
2. May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver.
3. Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver.
4. Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver.
5. Agree by signing this agreement, they will adhere to all traffic ordinances and laws.
6. I have completed and passed a Beaverton School District Volunteer Background Check.

****ORS 807.122 Restrictions on operation with provisional driver license.** (1) The Department of Transportation shall place the following restrictions on a provisional driver license issued under ORS 807.065:

- (a) Except as provided in subsections (2) and (3) of this section, for the first six months after issuance of the license, the holder of the license may not operate a motor vehicle that is carrying a passenger under 20 years of age who is not a member of the holder's immediate family. For the second six months, the holder of the license may not operate a motor vehicle that is carrying more than three passengers who are under 20 years of age and who are not members of the holder's immediate family.
- (b) For the first year after issuance of the license, the holder of the license may not operate a motor vehicle between the hours of 12 midnight and 5 am except when:
 - (A) The holder is driving between the holder's home and place of employment;
 - (B) The holder is driving between the holder's home and a school event for which no other transportation is available;
 - (C) The holder is driving for employment purposes; or
 - (D) The holder is accompanied by a licensed driver who is at least 25 years of age.

OREGON DEPT. OF EDUCATION DOES NOT ALLOW STUDENT TRANSPORTATION IN VEHICLES WITH A CAPACITY GREATER THAN 10 OCCUPANTS (including driver) UNLESS IT IS AN ODE APPROVED COMMERCIAL CARRIER.

SCHOOL ADMINISTRATOR APPROVAL

SCHOOL ADMINISTRATOR NAME	SCHOOL ADMINISTRATOR SIGNATURE AND DATE
David Nieslanik- Principal - SRHS	

THESPIAN FESTIVAL HEALTH/RELEASE FORM

A copy of this form must be turned in at registration for each participant (delegate) in your troupe. Forms will be kept on file at the Registration Desk during Desk Hours. Troupe Directors (referred to as "sponsors" below) are encouraged to keep their own copies as well.

Delegate's Name _____
Troupe # 6012 High School Southridge HS
Home Address _____ Home Phone _____
City _____ ST _____ Zip _____ Delegate's Birth Date _____
Name of Parent / Guardian / Next of Kin _____
Sponsor's Name James (Jim) Fewer

Should it be necessary to assign you to a local hospital, your parent / guardian / next of kin will be notified by phone.

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE DELEGATE:

Allergic reactions to _____
Medications now or previously taken _____
Any past illnesses or other information that would be useful in the event medical treatment is necessary _____

Payment for medical services will be made by (please, circle one)

Parent

Insurance Company

Family Physician

Name _____
Phone Number _____
Address _____
City/ST/Zip _____

Health Insurance Company

Name _____
Policy Number _____
Address _____
City/ST/Zip _____

The undersigned hereby releases and agrees to hold harmless the International Thespian Society (a component of the Educational Theatre Association) and its respective agents, employees and representatives from any and all claims, demands, actions and causes of action which the undersigned may have as a result of the delegate listed above participating in the Oregon Thespian State Conference at the official location. The undersigned further agrees to be responsible for him/herself while traveling to and from said conference, including any expenses incurred by the delegate, caused by the delegate and/or any personal injuries which may occur to the delegate. The undersigned also agrees to abide by the conference's Security Rules and Regulations (as stated in the code of conduct), with the understanding that, should any problems occur with the delegate during the conference weekend, the delegate will be returned home and parents, guardian or next of kin of the delegate will be financially responsible for all necessary costs incurred. The undersigned also realizes that the conference registration fees cannot be refunded. The undersigned further understands that should a major medical problem arise, s/he will be notified by telephone. In the event that s/he cannot be reached, s/he hereby gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians. The undersigned certifies that s/he has read and fully understands this authorization.

Signature of Above-Named Delegate

Signature of Parent/Guardian/Next of Kin



**OREGON
THESPIANS™**
AN EDUCATIONAL THEATRE
ASSOCIATION AFFILIATE

STATE THESPIAN FESTIVAL

CODE OF CONDUCT FORM

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREE TO ABIDE BY THE GUIDELINES ON THIS FORM

A SIGNED COPY OF THIS FORM MUST BE TURNED IN FOR EACH PARTICIPANT AT REGISTRATION

EXPECTATIONS OF ALL FESTIVAL PARTICIPANTS:

- All Participants will behave in a way consistent with the spirit of the Festival, and in a manner that actively supports a positive Festival Experience for everyone.
- Any illegal activity, including – but not limited to – the possession or use of drugs or alcohol, will not be tolerated. Offending students will be sent home, and jeopardize the future participation of their Troupe in Thespien events.
- Nametags must be visibly worn at all times, and are required for admission to performances, workshops, and dances. There is a charge for replacing lost nametags. Keep track of it!
- Registered participants must attend all scheduled performances and workshop sessions.
- Students must remain in approved and supervised areas at all times, and respond to the supervision of any adult participants. Any adult may revoke a student’s nametag for behavioral reasons.
- Theatre Etiquette should be demonstrated to the highest degree. A Thespien Audiences should be the most attentive, supportive, and safe audience to perform for.
- For copyright reasons, the recording and photography of any performance (Main Stage, One Act, or Showcase performance or audition) is not permitted. Photography and recording in workshops requires the express permission of the workshop leader.
- Food or beverages (other than water) are not permitted in any performance or workshop venues.
- Students must abide by the curfews set by their Troupe Director. Troupe Directors must support and enforce the curfews set at their hotels. Be particularly aware of any gathering or noisemaking in hallways.
- Appropriate dress and behavior at dances is required. Nametags must be worn at all times. Students must respond positively to any requests to alter any costume or manner of wearing a nametag that is deemed inappropriate. Students not wearing their nametags at dances will be asked to leave and will not be re-admitted.
- Festival Participants are expected to abide by Festival rules and guidelines as representatives of Oregon Thespiens at all hours of the Festival, whether in a workshop, performance, or on personal time (at meals, lodging, etc). Act well your part. There all the honor lies!

PLEASE NOTE THAT ANY TROUPE DIRECTOR OR ADULT CHAPERONE MAY ASK A PARTICPANT FOR HER OR HIS NAMETAG, IF THEY DEEM THAT PARTICIPANT TO BE BEHAVING INAPPROPRIATELY. THE PARTICIPANT AND HER OR HIS TROUPE DIRECTOR WILL THEN NEED TO APPEAR TOGETHER AT THE REGISTRATION DESK TO GET THE NAMETAG BACK. FOR SERIOUS INFRACTIONS (SUCH AS DRUGS, ALCOHOL, OR CURFEW VIOLATIONS) PARTICIPANTS MAY NOT ONLY BE SENT HOME, BUT WILL BE JEOPARDIZING THEIR TROUPE’S FUTURE PARTICIPATION IN THESPIAN EVENTS.

PRINT NAME OF STUDENT

Southridge High School

PRINT NAME OF SCHOOL

SIGNATURE OF PARENT/GUARDIAN

STUDENT SIGNATURE

James (Jim) Fewer

PRINT NAME OF TROUPE DIRECTOR

PARENT PHONE NUMBER DURING FESTIVAL