



Les Miserable School Edition 2007 ©Dan Sakamoto

## YOUTH PROGRAMS DURING THE SCHOOL YEAR

Tidewater Players offers 8 week long theatrical classes for all students ages 5-18. Classes are held in the Tidewater Players building. Please see below for more information.

## TIDEWATER PLAYERS' YOUTH PROGRAMS



Tidewater Teens – The Wizard of Oz 2009

### Classes that are being offer during the Spring:

Spring classes start March 14, 2010:

- **Titanic- Tragedy and Trial** (Ages 13-18)  
Monday 5:00-6:30 & Saturdays 11-12
- **Dancing in Musical Theater** (Ages 13-18)  
Tuesday 5-6:30 & Saturday 8-9
- **Pinocchio** (Ages 9-12)  
Wednesday 5-6:30 & Saturday 10-11
- **Winnie the Pooh**  
Imagination Theater - Ages 6-9  
Saturday 9-10



**Tidewater Players**

P.O. BOX 7  
Havre de Grace, MD 21078  
(410) 939-5046

**PRESENTED BY  
TIDEWATER PLAYERS**



Keeping Quality Theater alive  
in Havre de Grace since 1979

# Tidewater Players' Youth Programs and Activities

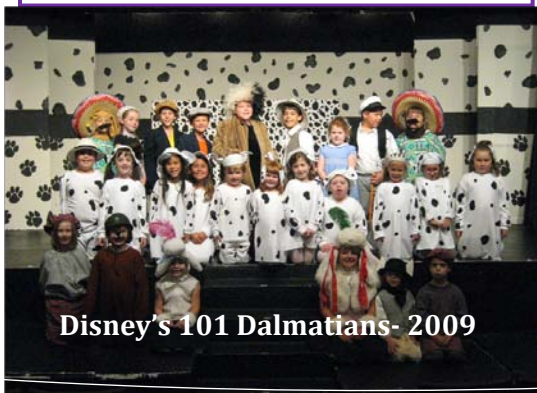
PROVIDE AN OPPORTUNITY FOR CHILDREN TO EXPERIENCE ACTIVITIES THAT INSPIRE,  
ENRICH AND ENLIGHTEN THEIR LIVES THROUGH THE CELEBRATION OF LIVE THEATER IN  
A SAFE AND POSITIVE ENVIRONMENT.

**JOIN US!!!!**

**WE OFFER MANY  
WORKSHOP/OUTREACH  
PROGRAMS FOR YOUTH  
DURING THE SCHOOL YEAR.**

**OUR NEXT SEMESTER WILL  
BEGIN ON APRIL 12, 2010.**

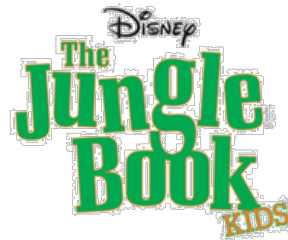
**SEE THE BACK OF THIS  
FLYER FOR MORE DETAILS.**



Disney's 101 Dalmatians- 2009

## Summer Season for Tidewater Players' Youth Programs 2010

### TIDEWATER KIDS



Tidewater Teens Tidewater Junior



*Show maybe subject to change*



### TIDEWATER KIDS



The jungle is jumpin' with jazz in this exciting Disney classic! Join Mowgli, Baloo, King Louie and the gang as they swing their way through madcap adventures and thwart the ferocious tiger, Shere Khan. Specially adapted from the beloved film, this musical includes all your favorite Disney tunes, like "The Bare Necessities," and "I Wan'na Be Like You."

**For Ages:** 5-8

**Tuition Fee:** \$150

**Camp Runs:** June 27-July 2, 2011

**Camp Time:** 8:30 – 3:30

### Tidewater Teens

We are currently working on acquiring a very unique show that will allow our actors to explore and experience a new element of performance. Join us as we create an awesome musical on our stage this summer!

**TBA**

**For Ages:** 13-18

**Tuition Fee:** \$200.00

**Camp Runs:** July 5-July 17, 2011

**Camp Time:** 8:30-3:30

### Tidewater Junior



The Beautiful Belle yearns to escape her provincial life...and her brute of a suitor, Gaston. However, Belle gets more adventurous than she wanted when she becomes a captive in the Beast's enchanted castle! Dancing flatware, menacing wolves, and singing furniture fill the stage with thrills in this beloved fairy tale about very different people finding strength in one another and learning how to love Duckling"

**For Ages:** 9-12

**Tuition Fee:** \$200.00

**Camp Runs:** August 1- August 13, 2011

**Camp Time:** 8:30-3:30

**JOIN US FOR A SUMMER OF FAMILY FUN THROUGH A CELEBRATION OF THE PERFORMING ARTS!!!**

Registration will start in the March 15, 2011. Visit the Tidewater website to download the Registration form and find updated information.

[www.tidewaterplayers.com](http://www.tidewaterplayers.com)



Tidewater Jr. –High School Musical 2010 © L. Starkey



# Tidewater Player's Youth Camps 2011

## TIDEWATER TEENS – TIDEWATER JUNIOR-TIDEWATER KIDS

### Actor Information

Student's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Nick name: \_\_\_\_\_ Male or Female: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Grade completed by June 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of 6/21/11: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Work: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Work: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_  
 Which parent(s) does child live with? \_\_\_\_\_

Who will be picking up your child? (Please list all parties that may pick up your child. We will not send students home with anyone not listed unless notified by Guardian.) If your child drives please specify in space below.

\_\_\_\_\_  
Relationship to Students \_\_\_\_\_  
 \_\_\_\_\_  
Relationship to Students \_\_\_\_\_  
 \_\_\_\_\_  
Relationship to Students \_\_\_\_\_  
 \_\_\_\_\_  
Relationship to Students \_\_\_\_\_

**Emergency Contact** (please provide the name of someone other than parent/guardian - parents/guardians listed above will always attempted to be contacted first)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

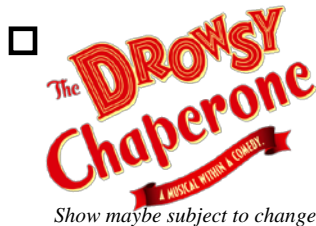
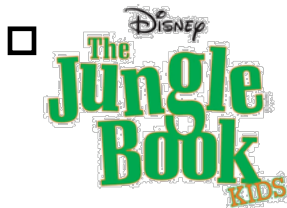
**Please indicate any Health, emotional, behavioral or logistical issues that may affect the camp experience or any other information that will help us to help them have a great time at camp?**  
**(This will be kept in strict confidence to only seen by the camp director and stage manager.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about our Tidewater Camp? (Check all that apply and please specify)

\_\_\_\_\_  
 Friend/Relative \_\_\_\_\_ I attended in (most recent year) \_\_\_\_\_ Newspaper/Magazine \_\_\_\_\_  
 Internet other \_\_\_\_\_ Parks and Rec. \_\_\_\_\_ Other Specify: \_\_\_\_\_

**Camp Session** Check the box below for the camp your student is attending:



### Tuition Fee

Tuition fee is \$200.00 per camp for the Teen camp and Junior Camp. The Tuition fee for the kid's camp is \$150.00. Tuition fees include 2 complimentary tickets and a show T-Shirt. Although you have two complimentary tickets it doesn't mean that you have a guaranteed seat, you still must make a Reservation.

## Camp Hours

Camp runs Monday thru Friday 8:30 to 3:30. Parents are encouraged to be at the theater no later than 3:30 to pick up your child. Unless after-care as been arranged. Parents are not permitted in the theater during the day. All rehearsals are closed which means only the actors and staff are permitted in the theater during the day. Please be on time for pick and drop off of your child.

## After Care

Before care and after care are available if needed for an additional \$80 for Teens and Jr. Camps or \$50 for Kids Camps (or \$10 per day.)

Before Care start time is at 8:00am. After Care end time is 4:00. All Care must be paid before services rendered.

**Additional Items** *Please indicate any additional items or discount and write total below.*

Tuition fee	\$_____	.00
Additional charges (Before and After Care) <input type="checkbox"/> All Camp <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri	\$_____	.00
S / D	- \$_____	.00
<b>Total \$</b>		_____ . ____

## \*\* Payment Information

**Please make your check payable to Tidewater Players.**

Amount Enclosed \$\_\_\_\_\_ Method of Payment:  Check  Cash  Credit Card–**Visa/MC/Discover**

Check one:

Visa  MasterCard  Discover

Card # \_\_\_\_\_ CVV# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Street Number of Card Billing Address \_\_\_\_\_

Zip Code of billing address \_\_\_\_\_ Name of card holder \_\_\_\_\_

## Liability Release, Payment, Refund, Behavior and Cancellation Policies

I, as a parent or guardian, understand that Tidewater Players takes reasonable precautions to insure that qualified personnel conduct Tidewater Player's programs and activities in a safe and responsible manner. I hereby release, indemnify and hold harmless Tidewater Players, officers, agents, employees and Volunteers from all liability for damage, injury, death or illness to my child or his/her property relating to or deriving from my child presence at Tidewater Players or participation in activities whether arising from an act or omission, negligent or otherwise, by the releasees or otherwise to the fullest extent permitted by law. Tuition Fees must be paid and submitted with registration forms. I acknowledge that signing below is also the authorization of any and all charges to the account or credit card I have deemed to pay for registration fees. I understand that tuition fees are non refundable.

During this Program I know my child will receive a Behavioral expectations and consequences contract they have signed. If my child breaks any of the rules multiple times and is found to be a distraction from the camp, they will be asked not return to the camp and/or any performances. If my child is withdrawn from the program for behavior, there will be no refund of the tuition fee. If my child wants to participate in future Tidewater Jr. and/or Tidewater Teens productions we will have to submit a re-admittance form that will be submitted to the Board for approval. It is my understanding that I will be contacted prior to any severe actions taken by the staff depending on the severity.

I know my child is required to attend everyday of camp. One missed unexcused day will result in my child losing their role and offered a more appropriate role for their time commitment. If my child misses more than two excused days they will be replaced with their understudy. I know that it is a short camp and rehearsal time cannot be lost, whether it is my child's choice or not. I understand the above listed policy and Procedures and will fully support any actions taken if there is an issue with my child. If the camp is canceled for lack of students I will receive a refund.

**I have read and understand the contents of this application including the Liability Release and Payment and Cancellation Policies.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**PHOTO RELEASE FORM 2011**

**TIDEWATER TEENS – TIDEWATER JUNIOR-TIDEWATER KIDS**

Tidewater players would like to use photographs from this production on our website and for other advertisements. Please choose a statement below:

Child's Name: \_\_\_\_\_

- I give permission for my child to be included in photographs for the Tidewater Players website and for future Tidewater advertisements.
  
- I DO NOT give permission for my child to be included in photographs for the Tidewater Players website and for future Tidewater advertisements.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to child

# Tidewater Players Behavioral and Expectations for Actors

- 1) I understand that respect is mandatory for my peers, for the staff, and for myself. I will respect the build and everything in it.
- 2) I will be on time to rehearsals. Once I am at rehearsal I will never leave with out permission.  
I also understand that if I have two unexcused late days then I will endanger the opportunity to play the role I have been cast in.
- 3) I understand that I am required to attend everyday of camp. One missed unexcused day will result in me losing my role and offered a more appropriate role for my time commitment. If I miss more then two excused days I will be replaced with my understudy.
- 4) I will bring all necessary materials for the regular camp day. That includes my script, pencil, a tablet of paper, paint clothes, lunch and a bottle of water. If I lose my script I understand that there is a \$25 dollar replacement fee.
- 5) I will take care of all productions materials, including, but not limited to scripts, costumes, props and set. I understand that I will be held financially responsible for any damage to or loss of any of these materials.
- 6) My behavior is important to the success of the show. I will do my best to make sure that I do not bring any negative attention to myself or keep the day from being productive. If I do break a rule multiple times and I am found to be a distraction from the camp, I will be asked not return to the camp and will not be permitted to finish the camp or any performances. If I am withdrawn from the program for behavior, there will be no refund of the tuition fee. If I want to participate in future Tidewater Jr. and/or Tidewater Teens productions my guardian and myself will have to submit a re-admittance form. It will be submitted to the Board for approval. I know that my parents will be contacted prior to any severe actions taken by the staff.

I am ready to have a great experience and I understand all of the behavioral expectations and requirements. I will do my best to follow all of the expectations and to make the show a success.

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Date

I understand all of the behavioral expectations and requirements for my child and will fully support any actions taken if my child isn't acting appropriately.

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Date

## HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION **Authorization for Self-Administration of Prescription and Non-Prescription Medication**

Does the camper require prescription or non-prescription medication during camp hours? Yes  No

Camp: \_\_\_\_\_ Camper's Name: \_\_\_\_\_

Condition:
Medication:
Dosage/Schedule:
Special Instruction:
Side Effects:
Date of Last Dosage:

Condition:
Medication:
Dosage/Schedule:
Special Instruction:
Side Effects:
Date of Last Dosage:

Condition:
Medication:
Dosage/Schedule:
Special Instruction:
Side Effects:
Date of Last Dosage:

Only those medications prescribed and listed by a physician will be accepted. All medications (prescription and non-prescription) must be in the original pharmaceutical container and labeled with the camper's name, medication dosage, schedule, and expiration date.

Date of Order: \_\_\_\_\_ Duration of Order: \_\_\_\_\_  
 (If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camper to self-administer these medications as prescribed. **NOTE:** At least one dose must have been administered prior to camp.

\_\_\_\_\_ \_\_\_\_\_

*Signature Parent/Guardian* *Date*

**This form must be completed and returned with the application only if your camper is to receive medication during the camp day. Medication cannot be administered if this form is incomplete.**

Dear Parent and Physician:

Any medication, **including all over-the-counter medication administered by the personnel of camp,** must be accompanied by written orders from a physician. **The medication must be a labeled, prescription bottle with specific instructions.** (Pharmacies will provide bottles for camp use.) At no time is a camper to transport or have in possession any medication.

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

**Physician's Authorization:**

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Time or circumstance of administration \_\_\_\_\_

Duration of administration \_\_\_\_\_

Reason for administration \_\_\_\_\_

Side effects \_\_\_\_\_

Additional instructions or follow-up \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verbal Order:** In certain instances, a verbal order may be taken from a doctor, but this must be followed by a signed order.

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

A verbal order was taken for the medication above by:

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permission:** I hereby give permission to the nurse or other designated camp personnel to administer the above medication to my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***PLEASE COMPLETE OTHER SIDE***

**Harford County Department of Parks & Recreation**

**JAMES M. HARKINS**

**HARFORD COUNTY EXECUTIVE**

*PRESERVING OUR VALUES, PROTECTING OUR FUTURE*

HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION  
**MARYLAND IMMUNIZATION RECORD**

**CHILD** NAME \_\_\_\_\_  
LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTH DATE \_\_\_\_\_  
MO. DA YR.  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENT OR GUARDIAN** NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATION**

DOSE NO.	VACCINE TYPE							
	DTP MO/DAY/YR	DT - Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	M-M-R MO/DAY/YR	MEASLES* MO/DAY/YR	RUBELLA* MO/DAY/YR	MUMPS* MO/DAY/YR
1								
2								
3								
4								
5								

\* Blood test verification of immunity and date may be entered in lieu of vaccination date.

**PHYSICIAN**  
 **HEALTH OFFICIAL**  
 **SCHOOL OFFICIAL**  
 **OR DAY CARE PROVIDER**

TO THE BEST OF MY KNOWLEDGE, THE VACCINES LISTED ABOVE WERE ADMINISTERED AS INDICATED.

Signed \_\_\_\_\_  
(Parent signature not valid)  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

**LOST OR DESTROYED RECORD: (Must Be Reviewed and Approved by Local Health Department.)**

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:** The physical condition of the above pupil is such that immunization at this time would constitute a serious threat to his/her health.

This is a permanent condition  temporary condition  until \_\_\_\_\_  
MO/DAY/YR  
 Check appropriate box, indicate vaccine(s) and reasons below.

\_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
Physician or Health Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION
Authorization for Self-Administration of Prescription and
Non-Prescription Medication

Does the camper require prescription or non-prescription medication during camp hours? Yes No

Camp: Camper's Name:

Form with fields: Condition, Medication, Dosage/Schedule, Special Instruction, Side Effects, Date of Last Dosage

Form with fields: Condition, Medication, Dosage/Schedule, Special Instruction, Side Effects, Date of Last Dosage

Form with fields: Condition, Medication, Dosage/Schedule, Special Instruction, Side Effects, Date of Last Dosage

Only those medications prescribed and listed by a physician will be accepted. All medications (prescription and non-prescription) must be in the original pharmaceutical container and labeled with the camper's name, medication dosage, schedule, and expiration date.

Date of Order: Duration of Order:
(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camper to self-administer these medications as prescribed. NOTE: At least one dose must have been administered prior to camp.

Signature Parent/Guardian Date

**This form must be completed and returned with the application only if your camper is to receive medication during the camp day. Medication cannot be administered if this form is incomplete.**

Dear Parent and Physician:

Any medication, **including all over-the-counter medication administered by the personnel of camp**, must be accompanied by written orders from a physician. **The medication must be a labeled, prescription bottle with specific instructions.** (Pharmacies will provide bottles for camp use.) At no time is a camper to transport or have in possession any medication.

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

**Physician's Authorization:**

***Medication***

\_\_\_\_\_

Dose \_\_\_\_\_

Time or circumstance of administration \_\_\_\_\_

Duration of administration \_\_\_\_\_

Reason for administration \_\_\_\_\_

Side effects \_\_\_\_\_

Additional instructions or follow-up \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verbal Order:** In certain instances, a verbal order may be taken from a doctor, but this must be followed by a signed order.

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

A verbal order was taken for the medication above by:

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permission:** I hereby give permission to the nurse or other designated camp personnel to administer the above medication to my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**  
**Harford County Department of Parks & Recreation**  
**JAMES M. HARKINS**  
**HARFORD COUNTY EXECUTIVE**  
*PRESERVING OUR VALUES, PROTECTING OUR FUTURE*

HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION  
**Health History Form - Staff/Volunteers/Campers**

**PLEASE PRINT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
*Last First Initial*

School currently attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street & Number*

\_\_\_\_\_ *City/Town State Zip*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History** (*Check all that apply*):

- Frequent Ear Infections
- Convulsions
- Bleeding/Clotting Disorders
- Mononucleosis
- Physical limitations (*Specify*): \_\_\_\_\_  
\_\_\_\_\_

**Heart Defect/Disease**

- Diabetes
- Hypertension
- Asthma
- Behavior/Psychological Concerns
- Other (*Specify*): \_\_\_\_\_  
\_\_\_\_\_

Last Tetanus Immunization Date: \_\_\_\_\_

**Have you received all required immunizations** (*DTP-Diphtheria & tetanus toxoids with pertussis vaccine, TOPV-trivalent oral polio vaccine; MMR-measles, mumps, & rubella combined vaccine; Hib-Haemophilus influenzae type b vaccine.*) **Applies to school age individuals only.** Yes No

Seizures: Yes No

Medications (*Please list*): \_\_\_\_\_

OVER

HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION  
**MARYLAND IMMUNIZATION RECORD**

**CHILD** NAME \_\_\_\_\_  
LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTH DATE \_\_\_\_\_  
MO. DA YR.  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENT OR GUARDIAN** NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATION**

DOSE NO.	VACCINE TYPE							
	DTP MO/DAY/YR	DT - Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	M-M-R MO/DAY/YR	MEASLES* MO/DAY/YR	RUBELLA* MO/DAY/YR	MUMPS* MO/DAY/YR
1								
2								
3								
4								
5								

\* Blood test verification of immunity and date may be entered in lieu of vaccination date.

PHYSICIAN <input type="checkbox"/> HEALTH OFFICIAL <input type="checkbox"/> SCHOOL OFFICIAL <input type="checkbox"/> OR DAY CARE PROVIDER <input type="checkbox"/>	TO THE BEST OF MY KNOWLEDGE THE VACCINES LISTED ABOVE WERE ADMINISTERED AS INDICATED.  Signed _____ <small>(Parent signature not valid)</small> Title _____ Date _____
---	---

**LOST OR DESTROYED RECORD: (Must Be Reviewed and Approved by Local Health Department.)**

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:** The physical condition of the above pupil is such that immunization at this time would constitute a serious threat to his/her health.

This is a permanent condition  temporary condition  until \_\_\_\_\_  
MO/DAY/YR  
 Check appropriate box, indicate vaccine(s) and reasons below.

\_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
Physician or Health Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)



# Tidewater Players, Inc.

## Actor's Biography Form

Due Date: \_\_\_\_\_

Show: \_\_\_\_\_

Name: \_\_\_\_\_

Character or Characters you are playing in this production: \_\_\_\_\_

Is this your first Tidewater Production?  Yes  No If no, What other show(s) have you been in at Tidewater and what character(s) did you play? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been in other productions? Which and Where? (If more than 5 productions, name your favorite)

Production	Role	Theater
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what city or town do you reside? \_\_\_\_\_

What is your profession? (Only List if you don't mind us writing it) \_\_\_\_\_

\_\_\_\_\_

Are you a student? If yes where and what grade level? \_\_\_\_\_

Are you  Married  Single Number of Children you have \_\_\_\_\_

Will next appear as \_\_\_\_\_ in \_\_\_\_\_

At \_\_\_\_\_ (Theater name)