



Utah Theatre Association Conference Information

ABOUT THE CONFERENCE:

The Utah Theatre Association sponsors the annual conference in conjunction with the International Thespian Society and UTA is still committed to introducing high school students to representatives from college and university theatre programs. UTA has built a strong scholarship fund, and the Utah Theatre Association, along with conference sponsors give out over \$5,000 in scholarships and awards to promising actors, designers, and playwrights.

WHAT CAN I DO AT THE CONFERENCE?

- Participate in workshops related to the many aspects of theatre and technical production.
- Observe and watch productions from local High Schools and Universities after workshop sessions.
- Network with professors, instructors, and students from all over Utah, building connections and sharing information, and resources.
- Submit an original play to the Utah Young Playwrights Festival
- Audition for scholarships with multiple Colleges and Universities.

WHEN IS THE CONFERENCE AND WHAT IS THE COST?

- January 20th, 21st, & 22nd, 2011 @ Dixie College
- Total Cost for Registration, Hotel, Food, Plays & Transportation is \$275.00 to \$300.00
- A non-refundable deposit of \$150.00 is due on November 29th, 2010 and the remainder Due on December 13th, 2010.

Copper Hills High School
Travel Disclosure

- I. All expenses (including travel expenses for **required chaperones**) associated with the trip must be paid by the participants themselves, covered by fund raising, or *financed* by **vocational** or **other state** or **federal monies** provided **expressly** for the activity. School student body **funds** may not be used.
 - a. The cost of substitutes for advisers who are accompanying **traveling** students must be included as part of the travel expense and must be paid by either the travel **participants** or the **individual** adviser
 - b. Student body general funds **may** not be used to pay costs related to student travel.
 - c. All student costs associated with the trip must be itemized in detail by **listing exact costs** per student
 - (1) travel
 - (2) housing
 - (3) meals
 - (4) registration fees (when applicable)
 - (5) **commercial** insurance coverage (if not included in the **package**)
 - (6) other, i.e. event admissions
 - d. The **total** anticipated cost per student **must** be shown on the **application form**. The **percentage** of the total student cost that may be earned through fund raising efforts must also be listed. Monies **raised** through **fundraisers** are dedicated to the **program** for which they were raised and will not be refunded to private citizens.
 - e. *When, in the sole judgment of the Administration or the Board of Education, in consultation with the school and the participating students and patrons, travel is suspended due to safety or other consideration beyond the control of any or all involved, Jordan School District, the Board of Education, school employees and agents shall have no obligation and shall be held-harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group. It is the local school's responsibility to make this explicit to participants during the required parent meetings and prior to the commitment of funds. The school administration must be certain that parents are aware of this condition and also require the parents to sign a statement of their understanding.*
2. A **parent/guardian** meetings **must** be held in conjunction with **student** travel requests.
3. This meeting with parents-will be held to discuss all costs and the itinerary associated with the **proposed** trip for the parents of potential student **participants**. A **parent survey** **may** be utilized if a **parent(s)** is **unable** to attend the meeting.
4. In this meeting parents **will** be informed, by a **school administrator** or the **adviser** in **writing**, of the proposed travel itinerary, anticipated cost per student, fund raising efforts, and the **potential** for non-refunds or expenditures when trips are cancelled.
5. A **notarized** statement granting the adviser permission to seek medical treatment for a **student**, in the event of an emergency, **must** be **provided** at the **parent meeting** or prior to the commencement of the trip
6. All **overnight** student travel **participation** is strictly **optional**. Students who, for any reason, do **not** participate in activity travel shall not be penalized. **Nonparticipation** shall not impact grades or the student's status in the class or organization

***I understand the financial conditions of the proposed travel specifically outlined in section 1 of this document and I have been provided with a statement regarding medical treatment of my student which I understand must be notarized and returned. I have been informed in writing of the proposed itinerary, cost per student, and fund raising information.**

Student Name

Parent / Guardian Signature

Date

Based on the attached itinerary and the above information:

I approve of the trip I disapprove of the trip

Parent Signature

Additional policies regarding travel may be found on our district website www.jordandistrict.org. under Policy # AA414.



Medical and Insurance Information and Parent Consent for Student Travel and Medical Treatment

Student's Name: _____
Last First MI

Home Address: _____ Home Phone: _____

Parent/Guardian: _____ Business Phone: _____ Cell Phone: _____

Local Relative/Neighbor: _____
Name Phone

MEDICAL INFORMATION

List known allergies (food, medications, etc.). If none, so state: _____

List special medical problems. If none, so state: _____

List any medication(s) the student is presently taking and the purpose. If none, so state: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company: _____ Policy #: _____

Student Social Security #: _____ Group/Plan #: _____

Current Physician: _____ Phone#: _____ Insurance Co. Phone #: _____

Please attach a copy of your medical identification card.

If you do not have medical insurance coverage, please read and sign the following:

For and in consideration of emergency services and goods rendered by or through the attending physicians(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.

Signature of Responsible party: _____ Relationship to Student: _____

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of:

_____ Name of Student _____ Date of Birth

hereby grant permission for the above named student to travel to _____ with _____ during (dates) _____ and hereby grant authorization to the supervisor(s) or chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by a physician.

Signature of person giving consent Date Relationship to student

Type or print name Witnessed by My commission expires on _____

Must be notarized

Copper Hills High School UTA Conference

Department of Theater
January 20th - 22nd, 2011

PAYMENT:

Non-Refundable Deposit due no later than Monday November 29th, 2010

Payment of the remaining balance is due no later than Monday December 13th, 2010

CANCELLATION AND REFUND:

Because we are required to enter into contractual commitments of a substantial amount of money with bus companies, hotels, restaurants, and other service providers, each of whom may require deposits and final payments, *cancellation penalties that are charged to our school accounts by providers will be passed on to people who withdraw from the conference.* It is not possible to cancel plans once certain monetary contracts are initiated. For this reason, *each participant who applies for the conference may be required to pay for the balance of the conference costs even if they desire to cancel before the conference occurs.*

Since the conference can only be arranged for within certain time restrictions, *there is little or no opportunity to cancel without being held financially responsible for the remainder of the conference cost.* There will be NO transfer of registration from one student to another unless Full Payment is made at the time of the transfer.

RESPONSIBILITY:

Jordan School District, Copper Hills High School, and Mr. Morrell (hereafter known as the director) hereby give notice that they shall not be held liable for any injury, damage, loss, accident, delay, or irregularity which may be occasioned either by reason of any defect in any vehicle, or through acts of default of any company or person engaged in conveying passengers.

The right is reserved to withdraw any conference announced in this program, and to make alterations in the itineraries as may be found desirable for the convenience of the parties involved and for the benefit of those who participate. The right is also reserved to decline to accept, or to retain any person as a member of any party at any time.

The right is reserved by the director to cancel the conference prior to departure.

The participant agrees that Jordan School District, Copper Hills High School, and the director assume no responsibility for expenses or loss due to poor health, injury, or disability of any kind, and hereby release Jordan School District, Copper Hills High School, and the director from liability for such. The participant further agrees that the director is authorized, at the expense of the participant, to take whatever action is deemed necessary with respect to the health and safety of the participant, not to exclude air fare home, should the same be recommended by available service providers.

The participant further agrees that the director, and/or chaperones for the conference are authorized, at the expense of the participant, to take whatever action is deemed necessary with respect to the behavior of the participant, not to exclude air fare home, should the same be indicated by the participant's violation of the "Code of Conduct Contract."

Application for participation in the conference indicates full acceptance of the conditions listed above and of those found elsewhere in the conference application packet.

Copper Hills High School UTA Conference

Department of Theater
January 20th - 22nd, 2011

CODE OF CONDUCT CONTRACT:

When traveling with the Copper Hills High School Theater Department, my behavior, good or bad, not only is a reflection of myself, but also a reflection of all members of our organization. As a representative of my school, community, and state, *I agree that if I do not abide by this code of conduct, I may and should be sent home at my own expense.*

1. I will not use derogatory or profane language.
2. I will respect the property and privacy of others.
3. I will show chaperones proper respect at all times.
4. I will conform to school dress code at all times (unless otherwise specified by the director, i.e., swimming.)
5. I will not engage in public or private displays of affection.
6. I will not disturb other guests. I will keep my voice down and create a disturbance when around others not of our organization (i.e., motels, restaurants, etc.)
7. I will keep my assigned chaperone informed of my whereabouts AT ALL TIMES.
8. I will be with at least two other students at all times.
9. I will follow the directions and instructions of the director.
10. I will not be in a room with members of the opposite sex unless a chaperone is present.
11. I will observe lights out and bed check times set by the director.
12. I will be in my own room after curfew.
13. I will obey all local, state, and national laws.
14. I will not use drugs, alcohol, or tobacco.
15. I will not travel in a private vehicle with someone not of our organization.
16. Any offense deemed by the director to be serious enough, may result in my being sent home from the conference at my own expense.
17. I will not bring with me, nor use at any time a "Boom Box" or tape player with amplified speakers.

Student Name

Student Signature

Date

I have read and do understand the above Code of Conduct. If it becomes necessary to send my son/daughter home for medical reasons or for misbehavior as determined by the director and chaperones, I hereby guarantee payment of additional travel expenses incurred for such purposes. I understand that under these conditions there will be no refund of the portions of my son/daughter's unused payments.

Parent/Guardian Name

Parent/Guardian Signature

Date

Copper Hills High School UTA Conference

Department of Theater

January 20-22nd, 2011

Proposed Itinerary

Thursday January 20th, 2011

7:00 a.m. - Load Bus

10:30-11:00 a.m. - Lunch

1:00 p.m. - Check in at Hotel

1:45 p.m. - Pick up Conference materials and distribute.

2:15 - 5:00 p.m. - Conference classes.

6:30 p.m. dinner.

7:30 - 9:30 p.m. - Free Activity Time or Play Performance Attendance.

10:30 p.m. - In rooms.

11:00 p.m. - Lights out.

Friday January 21st, 2011

7:00 a.m. - Breakfast.

8:00 a.m. - Load Bus.

9:00 a.m. - 11:20 a.m. - Conference classes.

11:20 a.m. - 12:50 p.m. - Lunch hosted by Dixie State College.

1:00 p.m. - 5:30 p.m. - Conference classes.

6:30 p.m. - Dinner

7:30 - 9:30 p.m. - Free Activity Time or Play Performance Attendance.

10:30 p.m. - In rooms.

11:00 p.m. - Lights out.

Saturday January 22nd, 2011

7:00 a.m. - Breakfast.

8:00 a.m. - Load Bus.

9:00 a.m. - 11:50 a.m. - Conference classes.

12:00 p.m. - 1:20 p.m. - Lunch

1:00 p.m. - 4:30 p.m. - Conference classes.

4:45 p.m. - 5:30 p.m. - Banquet

6:30 p.m. - UTA Scholarship Awards

7:00 p.m. - Final Concert

8:00 p.m. - Load Bus

1:00 a.m. - 2:00 a.m. - Arrive Home at Copper Hills High School