

Hostel YOUTH!

SUMMER 2017

CHOOSE YOUR SESSIONS

SESSION A: JULY 18–20 (\$325.00)

SESSION B: JULY 25–27 (\$325.00)

Includes two night's stay; 9 meals/snacks; 5 plays;
and 7 workshops/sessions - all jammed into 53 even
more exhilarating hours.

For a detailed schedule go to www.catf.org/hostelyouth

TRANSPORTATION

\$25 – \$75 Round trip transportation to Shepherdstown, WV*

* Within a 30-60 mile radius. If you live outside the 60 mile radius contact
Peggy at hostelyouth@catf.org to discuss prices and arrange travel

- If you would like to drive yourself please note that on the registration form. You will be asked to check your keys with CATF personnel until your departure.
- If someone else drives you to Shepherdstown, or picks you up, CATF will provide complimentary tickets for them to the performance prior to your departure. (Limit of two tickets per Hostel YOUTH! - subject to availability.)

I will need _____ tickets for the performance on _____ (date).

- If you are traveling in the CATF car, please note that we will have CATF personnel in the car to answer questions and welcome you to the Hostel YOUTH! Experience.

HURRY! Register NOW. Spots are limited. WWW.CATF.ORG/HOSTELYOUTH

CANCELLATIONS

CATF reserves the right to reject any registrant, with a full or pro-rated refund, at any time that CATF determines that the registrant would be inappropriate for the program.

Hostel YOUTH!

SUMMER 2017

Name _____

Phone _____ Email _____

Address _____ State _____ Zip _____

CHOOSE SESSION: **A** JULY 18–20 | \$325 OR **B** JULY 25–27 | \$325

TRANSPORTATION

- I'll be driving myself. Keys will be held until departure.
- Someone else will drive me and drop me off at Shepherd University.
- We would like __ (#) discounted tickets for my drivers.
- I'll be on the CATF Hostel YOUTH! van.

REGISTER + PAY ONLINE:

PAY ONLINE AT WWW.CATF.ORG/HOSTELYOUTH

-OR-

PAY BY CHECK

Make check payable to **Contemporary American Theater Festival.**

Mail to **CATF** Hostel YOUTH! PO Box 429 Shepherdstown WV 25443.

-OR-

PAY BY CREDIT CARD

Name on Card _____

Billing Address _____

Card Number _____ Expiration Date _____

FORMS CHECKLIST

Have you returned all
Hostel YOUTH! forms?

- Registration Form
- Permission Form & Liability Release
- Emergency Contact
- Housing Questionnaire
- Photo Release /Privacy Policy
- Medical Form/Release
- Your Photograph

CATF reserves the right to reject any registrant, with a full or pro-rated refund, at any time that CATF determines that the registrant would be inappropriate for the program.

Hostel YOUTH!

SUMMER 2017

Name _____

PERMISSION FORM

I, _____, guardian to _____
give my permission for my son/daughter to attend the Contemporary American Theater Festival to participate in the CATF Hostel YOUTH! I understand that they will see a new play reading and productions. I understand that my child will stay overnight in the residence halls on the campus of Shepherd University as part of the trip. I understand that the above stated will be participating in a program sponsored by the Contemporary American Theater Festival at Shepherd University. I also understand that the activities which participants will take part in include, but are not limited to: readings and performances of brand new plays which will contain contemporary themes that may be of an adult nature and may include adult language, themes, and partial nudity. In addition, students will also participate in writing workshops that encourage students to speak about contemporary issues and adult themes.

_____ I understand that my child will be riding in a CATF vehicle in transit to the event.

_____ My child will take other transportation (not provided by CATF) to the event.

Participant Signature

Date

Parent or Guardian Signature (if participant is under 18)

Date

LIABILITY RELEASE

I understand that the above stated will be participating in movement exercises and walking events. While I expect proper supervision and safety precautions at all times, I understand that I assume the risk of any and all liability arising from such activities and do hereby agree to release and forever discharge the Contemporary American Theater Festival and Shepherd University, their agents and employees, and their successors and assigns, from any and all claims, demands, rights and causes of action whatsoever kind of nature, arising from and by reason of any occurrence, accident, event, or other happenings arising out of the grant of and use of such permission by me, hereby expressly releasing the aforesaid from any and all liability. While at the CATF Hostel YOUTH! Program I authorize trained staff members to administer First Aid when necessary. I also authorize staff to transport the above stated participant to a medical facility for necessary emergency care.

Participant Signature

Date

Parent or Guardian Signature (if participant is under 18)

Date

***All items must be filled out by a parent/guardian if participant is under 18 years old. No one will be allowed to participate in the Hostel YOUTH! program without a completed release form on file.**

Hostel YOUTH!

SUMMER 2017

Name _____

SSN# _____ - _____ - _____

Emergency Contact Name _____

Work Phone (_____) _____

Home Phone (_____) _____

Cell Phone (_____) _____

Relation to you _____

(If unavailable)

Alternate Contact Name _____

Work Phone (_____) _____

Home Phone (_____) _____

Cell Phone (_____) _____

Relation to you _____

Insurance Information

Company _____ Policy # _____

Comments (include any special medical or personal information you would want an emergency care provider to know - including any allergies - or special contact information):

Hostel YOUTH!

SUMMER 2017

Name _____

Birth Date mm/dd/yy _____ Height _____ Weight _____

Allergic to any medications? If so, list: _____

Other Allergies _____

What treatment has been used successfully for the allergies listed above? (example: lotion, injections, ice, etc.)

Date of last physical _____ Date of last Tetanus booster _____

Are there any restrictions? _____

Has the student ever had the following? (please check)

Use reverse of page for comments/explanations.

YES NO

- Chronic or recurrent illnesses or conditions?
(example: Diabetes, Asthma, Seizures, etc.)
- Any hospitalizations?
- Any surgery? Date _____
- Dizziness, fainting, or frequent headaches?
- Concussion/knocked out?
- Knee, ankle or neck injuries
- Broken bone or dislocation
- Heat exhaustion/sunstroke
- Any problems with heart or blood pressure
- Take any medicine
- Will student bring any medication with them to the Hostel YOUTH
(All medications must be in the original prescription bottle or package,
with physician's administration instructions clearly visible. NO EXCEPTIONS.)
If so, what type of medication? _____
- Does child have any diet or nutritional restrictions?
If so, name: _____
- Wear glasses
- Contact lenses
- Dental appliances
- Have any organs missing? (example: kidney, eye, etc.)
If so, name: _____
- Ever been told not to participate in any activity?
If so, why? _____
- Does student have a disability or emotional problem?
Please give details on reverse.

Additional comments/explanations on back. →

MEDICAL RELEASE

I give authorization for CATF to administer prescriptions and minor first aid as needed (example: band aids for cuts/scrapes, Tylenol for headaches, ice for bumps/bruises). In the event of a more serious illness student will be referred to parent.

I authorize CATF to request emergency treatment for my child

_____ in the event that I cannot be reached for permission.

_____ Signature of Guardian

Hostel YOUTH!

SUMMER 2017

Name _____

Aspect of theater I am most familiar:

Aspect of theater I know little about:

Nickname/Name Used _____

Permanent Address _____

Home Phone (____) _____

Cell Phone (____) _____

Alternate Phone (____) _____

Email _____

Birth Date mm/dd/yy _____

When it comes to my living space, I am:

- Very Clean Moderately Messy
 Moderately Clean Messy

I am a:

- Light Sleeper
 Heavy Sleeper
 Somewhere
in the middle

I would describe myself as a person who:

- Likes quiet time.
 Enjoys hanging out with friends in the evening, but not for too long.
 Loves hanging out with people until the wee hours of the night.

My preferable bedtime would be:

- Before 10:30 pm
 10:30pm–12am
 After Midnight

I would like to room with _____.

Are there any special needs or any other information that CATF should be aware of when planning for your housing? (i.e. difficulty with stairs, sleepwalking, medication required, etc.)?

What size shirt do you wear? Please specify youth or adult sizing: _____

Age _____

Gender _____

Grade _____

School _____

State _____

County _____

I would like to have the following included on the contact sheet that will be distributed to the entire Hostel YOUTH! company:

- Permanent Address
 Email
 Home Phone
 Cell Phone
 None, thank you.

Name _____

PERMISSION FOR PHOTOGRAPHING

I hereby agree that during and after my participation in the program and after that CATF has permission to use my photograph, video and commentary in promotions used for the sole purpose of advertising the Hostel YOUTH! experience.

Participant Signature

Date

Parent or Guardian Signature (If participant is under 18)

Date

_____ CHECK HERE IF YOU DO NOT ALLOW PHOTOS OR VIDEO TO BE USED.

PRIVACY POLICY

I hereby agree that during and after my participation in the program and afterwards that I will not publish via Facebook, Twitter, YouTube, and other social media outlets any language, photos or video from the event. Permission to post items after the program may be granted to me if I apply in writing to the Contemporary American Theater Festival requesting authorization to post based on specifically documented items.

Participant Signature

Date

Parent or Guardian Signature (If participant is under 18)

Date