

Dear Guardians and Teens,

Thanks for your interest in the Contemporary American Theater Festival's Hostel YOUTH! Program. CATF has produced and developed new American theater for 33 years on the campus of Shepherd University in beautiful Shepherdstown, WV.

Teens, a.k.a. Hostellers, get ready for three stimulating days filled with non-stop theater excitement! Be prepared to dive headfirst into writing, theater movement, and acting workshops. You'll also have the chance to connect with like-minded peers, chat with some of our fantastic Company Members, and witness FOUR WORLD PREMIERES from our season's repertoire. Additionally, you'll have an exclusive look behind the scenes and see the talented crew and technical artists at work.

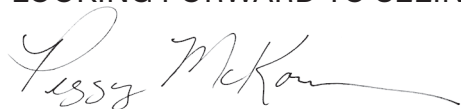
We are excited to share these bold new works and the festival experience with you, so join us and meet some terrific playwrights, professional actors, directors, and more while experiencing theater as you've never seen before.

Since the start of the festival, we've produced 144 new plays, including 66 world premieres by 104 playwrights. This year, we are producing FIVE plays over four weeks. As audiences watch our productions, we hope they'll find themselves fascinated, amused, comforted, entertained, dreaming, laughing, shivering, thinking, and weeping from the power of the stories. CATF works with professional actors and members of the Actors Equity Association (AEA), United Scenic Artists, and the Stage Directors and Choreographers Society. The Hostellers will be able to discuss their observations, thoughts, and insights with these talented company artists.

We hope your initial interest has transformed into an eagerness to register today. And may your experience in July stimulate a lifelong desire and enthusiasm to learn and see more theater. Today's youth are the future of CATF and American Theater.

Always Think Theater!

LOOKING FORWARD TO SEEING YOU SOON!



Peggy McKowen

Artistic Director, CATF

Founder & Producer, CATF Hostel YOUTH!

## JOIN US!

JULY 18-20 (\$400.00)

Includes two night's stay

- 12 meals/snacks
- 4 plays
- 9 workshops/sessions

all jammed into 53 even more exhilarating hours.

For a detailed schedule go to [www.catf.org/hostelyouth](http://www.catf.org/hostelyouth)

## ADDITIONAL COST

**\$30-\$80** Round trip transportation to Shepherdstown, WV\*

- CATF will provide transportation within a 30-60 mile radius. If you live outside the 60 mile radius contact Auntais at [hostelyouth@catf.org](mailto:hostelyouth@catf.org) to discuss prices and arrange travel.
- 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.
- 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).

**HURRY! Register NOW. Spots are limited. [WWW.CATF.ORG/HOSTELYOUTH](http://WWW.CATF.ORG/HOSTELYOUTH)**

# Hostel YOUTH!

SUMMER 2023

Name \_\_\_\_\_

Personal Pronouns \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SESSION:**  JULY 18-20 | \$400

## TRANSPORTATION:

- I'll be driving and surrender my keys until departure.
- Someone else will drive me and drop me off at Shepherd University.
- I would like \_\_\_\_\_ (#) discounted tickets for my drivers.
- I'll be on the CATF Hostel YOUTH! vehicle.

## REGISTER + PAY OVER THE PHONE:

**PAY OVER THE PHONE (681) 240-2283**

-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 \_\_\_\_\_

## You can submit your registration packet in three ways:

### MAIL DOCUMENTS:

**CATF Hostel YOUTH!  
PO Box 429  
Shepherdstown WV 25443**

### EMAIL SCANNED DOCUMENTS:

**HOSTELYOUTH@CATF.ORG**

### DROP OFF DOCUMENTS:

**CENTER FOR CONTEMPORARY ARTS  
92 West Campus Drive  
Shepherd University  
Shepherdstown, WV 25443**

## FORMS CHECKLIST

Have you returned all  
Hostel YOUTH! forms?

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

# Hostel YOUTH!

SUMMER 2023

Name \_\_\_\_\_

## PERMISSION FORM

I, \_\_\_\_\_, guardian to \_\_\_\_\_  
give my permission for my teen 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 they 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 teen will be riding in a CATF vehicle in transit to the event.

\_\_\_\_\_ My teen 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 2023

Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relation to you \_\_\_\_\_

Email \_\_\_\_\_

(If unavailable)

Alternate Contact Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relation to you \_\_\_\_\_

Email \_\_\_\_\_

### Insurance Information

Company \_\_\_\_\_ Policy # \_\_\_\_\_

*Please explain in FULL any medical conditions or concerns (allergies, medical diagnosis, behavioral diagnosis recent surgeries, etc:)*

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# Hostel YOUTH!

SUMMER 2023

MEDICAL FORM

CATF.ORG/HOSTELYOUTH 681.240.4042

Name \_\_\_\_\_

Birth Date mm/dd/yy \_\_\_\_\_

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

Confidential

CATF CM & ADMIN

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 for CATF.

\_\_\_\_\_  
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