Stagecraft Tool Contract

Dear Parent or Guardian,

Your student is enrolled in the Theatre Stagecraft course and we are currently beginning our

unit on stage scenery. As such, soon we will begin to use the tools at the Fine Arts Center to create

scenic elements. Prior to using the tools I would like to start by training each student on the tools

that they will be using. Below is a list of tools available that each student would ideally be trained to

use. Mr. Seidel will conduct this training with the aid of student helpers to help facilitate and ensure

each child’s safety. Tool training will begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The training will include a briefing as well as a demonstration on the safety precautions of

each tool. Once students have learned these safety procedures they will be asked to use the tool.

Following safety precautions as well as wearing protective gear are mandatory procedures for all

student while working in the shop. These are provided in the wood shop area.

Please review the tools and sign below granting permission for your child to be trained to

use the tools. If you have concerns or questions or would like to know how you could assist your

child please don’t hesitate to e-mail Mr. Seidel at seidelmi@orange.k12.nj.us. Please initial next to each

tool granting permission for your child to be trained and therefore use the tool.

Manual Tools students will learn to use

\_\_\_\_ Screwdriver

\_\_\_\_ Hand Saw

\_\_\_\_ Hammer

\_\_\_\_ Wrench

Power Tools students will learn to use:

\_\_\_\_ Miter Saw/Chop Saw

\_\_\_\_ Jig Saw/Skill Saw

\_\_\_\_ Circular Saw

\_\_\_\_ Radial Arm Saw

\_\_\_\_ Table Saw

\_\_\_\_ Scroll Saw

\_\_\_\_ Power Drill

\_\_\_\_ Pneumatic Stapler

If there is a tool next to which you do not initial, your child will be prohibited from using

that tool for any project throughout the course of the year. By signing this paper you agree to let

your child use the aforementioned tools and understand that, should an injury occur, Mr. Seidel and

the school district are not liable.

\_\_\_ I DO give permission for my student to be trained to use the tools at OPA under Mr. Seidel’s supervision.

\_\_\_ I do NOT give permission for my student to be trained to use the tools at OPA under Mr. Seidel’s permission and ask for an alternate assignment be given.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Stagecraft Safety and Release Form

Tool Training Permission Slip

My child affirms that he/she has received the following theatre safety training and I

have signed the tool training permission slip:

\_\_\_\_\_\_\_\_\_ Watched video: Play it Safe – Intro to Theatre Safety

\_\_\_\_\_\_\_\_\_ Completed Safety Quiz

Print child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions or any medications that your child takes that might be

of importance in an emergency:

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

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Emergency Contact #1 – Who should we notify in an emergency?

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

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact #2 – If first contact is unavailable?

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

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In case of emergency:

\_\_\_\_ I give permission for my child to be treated by paramedics.

\_\_\_\_ I do NOT give permission for my child to be treated by paramedics.

By signing this permission slip I allow my student to use the power tools at the Fine

Arts Center under the supervision of Mr. Cupo in the classroom setting.

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

Parent Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_