

# **KSJFest 2024**

## **The Kansas Junior Thespian Festival**

**When:** Saturday, April 27th, 2024

**Where:** Johnson County Community College  
Midwest Trust Center  
12345 College Blvd  
Overland Park, KS 66210

**What:** The KSJFest is a day of participating in workshops, learning more about theatre, showing off your skills and uniting with middle school students from across Kansas to share your theatrical interests!

**Cost:** \$55.00. This includes festival registration, workshops, t-shirt, and lunch.  
OR  
\$50.00. This includes festival registration, workshops, and lunch.  
(NO shirt)

*Beyond Workshops:* KSJFest also offers enrichment events for performers.

1. Thespys (monologues, duet acting, solo singing, group/duet singing \$10/student)
2. Program Showcase (submitted by school directors)

### **KSJFest 2024 Schedule**

9:00 am - 9:30 am - Registration open

9:30 am - 9:50 am - Opening Ceremony

10:00 am – 10:30 am - Team Building

10:40 am – 11:30 am - Workshop session 1

11:40 am - 12:30 pm - Workshop session 2

12:30 pm – 1:05 pm - Lunch

1:10 pm – 2:00 pm - Workshop session 3

2:10 pm – 3:00 pm - Workshop session 4

3:10 pm - 4:00 pm – Program Showcase, Thespy Showcase, Tech Awards Ceremony, and Closing Ceremony

# KSJFest 2024

## Registration Form

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

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

Student cell phone number: \_\_\_\_\_

Student email address: \_\_\_\_\_

Name of parent or guardian to contact in case of emergency: \_\_\_\_\_

Phone number of parent or guardian: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Parent/Guardian address *(if different than above)* \_\_\_\_\_

If you requested a shirt the size you need

Youth Large Youth XL Small Medium Large XL XXL 2XL 3XL

Meal Restrictions: (please circle one)

No restrictions

Gluten Free

Vegetarian

### Health/Security Forms and full payment must accompany registration.

Kansas Thespians, Inc. provides no refunds. The only way to get your money back is to find someone else to take your place. In case of inclement weather, Kansas Thespians, Inc. provides NO REFUNDS for registration, food, workshops.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Registration Type	Cost	Your Selections
Basic	\$50	
Basic plus festival shirt	\$55	
Thespy Event	\$10	
Total		

**Forms and payment are due to your theatre teacher by February 16th, 2024.**

**Make checks payable to your school.**

## EMERGENCY MEDICAL RELEASE FORM FOR KANSAS JUNIOR THESPIAN FESTIVAL

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Street, city, state, zip code

In Case of an Emergency, Contact \_\_\_\_\_

Address of Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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

Please list student allergies. If allergic to any drug (penicillin, insulin, etc.) please specify.

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

Date of last tetanus inoculation \_\_\_\_\_ Surgery within the last year? \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Is the student under medical treatment at present? \_\_\_\_\_ If yes, please explain.

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

Insurance Agency \_\_\_\_\_

Name under which policy is listed. \_\_\_\_\_

Insurance Policy Number(s) \_\_\_\_\_

Please explain any health information helpful in properly caring for this student.

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

### STUDENT CONSENT FOR KANSAS THESPIAN FESTIVAL

\_\_\_\_\_ has my permission to attend the Kansas Junior Thespian Festival.  
Student's Name

This is permission for treatment of this student by a physician and/or hospital for any medical or surgical emergency and/or illness.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

## SECURITY RULES FOR KANSAS THESPIANS

**ATTENDANCE** All students are required to attend the events scheduled during the festival.

**PROPERTY DAMAGE.** Students will be responsible to JCCC or to the host school for any damage. All students are required to be in attendance at the activities provided by the festival. Any student not participating will be issued consequences.

### BE A CLASS ACT.

**DRESS.** Proper attire (including shoes) must be worn at all times while at the festival. Students are encouraged to wear comfortable clothing for workshop activities. Hats are not allowed in the building. Clothing which advertises, promotes, or suggests inappropriate behavior is not considered proper attire.

**BEHAVIOR.** Refrain from inappropriate language, unnecessary noise, and reckless behavior. Show respect to fellow students and adults. Thank the workshop presenters.

**FOOD/DRINK.** It is the responsibility of every delegate to abide by the host facility policies. There is to be no food or drink in the theater at any time. Beverage and food containers must be relegated to specific areas.

**DAMAGE.** If anything is damaged, please notify a festival official immediately.

**BADGES.** Students must wear identification badges at all times. This badge must contain a copy of the delegate's health information. This badge is admittance to all festival activities.

**THEATER ETIQUETTE.** Students are expected to behave with proper theatre etiquette at all times. Rudeness will not be tolerated.

I have read the above rules and regulations. I understand my responsibility to my troupe, to my school, and to the state festival.

\_\_\_\_\_  
Student Signature

I have reviewed the above rules and regulations with my child.

\_\_\_\_\_  
Parent/Guardian Signature

**BOTH THE SECURITY FORM AND THE HEALTH FORM REQUIRE A PARENT/GUARDIAN SIGNATURE.**



## PHOTO RELEASE FORM

I hereby grant permission to **Kansas Junior Thespians** use of photographs and/or  
video of me/my child taken to use in publications, news releases, online,  
and in other communications related to the producing of the KSJFest (Kansas Junior Thespian Festival)

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(Please  
print name of child)

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(Please print name of Adult, or Guardian of Children under age 18)

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(Signature of Adult, or Guardian of Children under age 18)

*Thank you!*