

CHICAGO SHAKESPEARE THEATER

To the Teacher: Before distributing to students, please clearly mark your team's scheduled events.

Chicago Shakespeare Slam 2026

CONSENT FORM (FOR STUDENTS 18 YEARS OR OLDER BY SEPTEMBER 1)

I understand that participation in this program requires students to attend the following events:

Team Workshops at a Chicago Shakespeare Theater:

- March 7, 8:30 a.m. – 1:00 p.m., Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611

Team rehearsals at school, under the supervision of the Teacher Coach

One Saturday "Regional Bout" in the Chicagoland-area (checked below):

- April 13, 9:00 a.m. -- 2:00 p.m., Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611
 April 18, 8:30 a.m. – 3:00 p.m., Chicago Shakespeare Theater, 800 E Grand Ave, Chicago, IL 60611

The "Final Bout" at Chicago Shakespeare Theater (ALL participants attend)

- Monday night, April 27, 6:00 p.m. – 9:00 p.m., Chicago Shakespeare Theater on Navy Pier

(PLEASE PRINT CLEARLY)

Your full name _____ Your grade level _____

Address _____ City _____ Zip _____

Emergency Contact #1

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Additional Information

Please list any additional information that you would like to share with the Education Department at Chicago Shakespeare Theater, such as food allergies or accommodations.

OVER FOR MORE  

I understand that I was selected by my teacher to participate in this program, and I agree to the time commitment this program will require. I understand that travel arrangements to the places where events take place will be arranged and agreed upon with my teacher. I understand that while at Chicago Shakespeare Slam events, students will be under the supervision of their accompanying teacher/s, as well as Chicago Shakespeare Theater personnel.

I hereby consent to be photographed, videotaped, audio-taped, and/or interviewed by Chicago Shakespeare Theater, or the news media in conjunction with my participation in the Chicago Shakespeare Slam. I also consent to Chicago Shakespeare Theater's use of my photograph or likeness or voice on the Internet, including on Chicago Shakespeare Theater's social media platforms, or any other electronic/digital media or print media.

Your Name (Printed) _____

Your Signature _____ **Date** _____