

APPLICATION FORM

2019 Summer Musical Theatre Workshop
"The Sad Song of Lowdown Fox"

Name of student: _____

Name of parent/guardian: _____

Date of birth: _____ Age: ____ Grade: ____ School: _____

Email checked regularly: _____

Home phone: _____ Cell phone: _____

Home/mailling address of student: _____

Additional contact information: _____

Parnell Memorial Library Foundation is offering the workshop to students free of charge. Contributions are always welcomed (parnellmemorialfoundation.org or PMLF, P.O. Box 62, Montevallo, AL 35115).

Parent/Guardian Consent/Emergency Authorization and Photo and Video Permission

I, (print) _____, give full permission for the staff and facility to obtain emergency medical treatment, including the emergency transportation, for my child if I cannot be reached immediately. This signed statement certifies that the child is medically cleared and physically fit to participate in the Parnell Memorial Library Summer Theatre Workshop. I release the City of Montevallo from all liabilities. List any important health information on the back.

Insurance company name: _____ Policy #: _____

I also give permission for my child and/or me to be photographed and/or videotaped during the auditions and during the workshop sessions, including the rehearsals and workshop performances. This could be done to publicize and share the activities in the newspaper, on the Parnell Memorial Library Foundation website, or elsewhere. I give my permission with the following understanding: No compensation of any kind will be paid to my child or me at this time or in the future for the use of my or my child's likeness. Permission is not required to take part in city events.

Signature of parent/guardian: _____ Date: _____

To apply, bring this page to the audition.

Application Number _____ (Workshop use only.)