



Southern California Dance Theatre

Application & Release Form Behind-the Scenes Spring Break Workshop

Application due date March 15, 2020

May be mailed/dropped off @ Southern California Dance Theatre, 4410 E. Greenmeadow Road, LB, CA 90808

Name: _____

Address: _____

Phone No.: _____ Alternate: _____

Email: _____

Age: _____ Grade: _____ School: _____

Sewing experience: yes _____ how much? _____ no _____

Carpentry or Arts & Crafts: yes _____ how much? _____ no _____

Hair and/or Make-up: yes _____ how much? _____ no _____

Experience – please include volunteer work, apprentice ships, photos, links of samples if you have them: _____

- All prospective applicants must submit a letter of recommendation from a mentor, teacher or other adult in charge of instructing the applicant
- **All selected participants must be able to participate from Monday, April 13 through Friday, April 17, 2020 from 2-5pm and on Saturday, April 18 from 12noon-6pm.**
- All selected participants must have a ride to and from the Southern California Dance Theatre (M-F) and the Downey Theatre (Sat)
- All selected participants must fill out a medical emergency sheet prior to participating

Participant Release: I authorize Southern California Dance Theatre, the Southern California Dance Academy, and those acting pursuant to its authority (such as the Downey Theatre, Venue Tech, and the City of Downey), to (1) Record my participation and appearance on videotape, audiotape, film, photograph or any other medium; (2) Use my name, likeness, voice and/or biographical material in connection thereto; and (3) Exhibit or distribute such material in whole or in part without restrictions or limitation for any publicity or promotional purpose which the Southern California dance Academy, and those acting pursuant to its authority, deem appropriate.

Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Emergency contacts

Students name: _____

First Parents name: _____

First Parents phone: _____

Second parent's name: _____

Second parent's phone: _____

Doctor: _____

Doctor phone: _____

Clinic: _____

Clinic phone: _____

Clinic's Address: _____

Allergies: _____

Medication: _____

Special disability: _____

X

Student signature (parent guardian if under 18)