



- Perform songs from the show in the evenings at local bars and restaurants.
- Make media appearances, generally in the morning, on local TV and radio.

Please indicate which additional volunteer opportunities you are willing to help with.

- Supervised set construction
- Supervised set painting
- Assist with load in (moving the set from the scene shop)

(*4 hour minimum expected for behind the scenes volunteering)

Are there any other ways in which you could provide assistance to make this show a success?

Please add your bio as you would like it to appear in the playbill. Rules to follow: 1) Please list your name 2) Compose your bio in third person 3) Do not use abbreviations 4) Shows are italicized 5) Place your character name in parentheses 6) Limit to two hundred words. Example: Jane Doe (*Annie*) is delighted to be making her debut with the Sioux Empire Community Theatre. Her recent theatre credits include *Sound of Music* (*Maria*), *Shreck* (*Fiona*) and *Frozen* (*Anna*). Jane is studying Accounting at the University of South Dakota. She belongs to the Accounting Club and plays flute in the pep band. In her free time, Jane enjoys riding her bike and going to movies.

For internal use:



Emergency Contact _____

Phone Number _____

CHILD'S PERSONAL DATA & EMERGENCY CONTACT FORM

CHILD(REN)'S INFORMATION

First Name	Last Name	Sex	Grade*	Date of Birth (M/D/YY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Name(s) _____ Email(s) _____

Primary Emergency Phone _____ Secondary Phone _____

HEALTH AND EMERGENCY INFORMATION

I do hereby give my consent to the Sioux Empire Community Theatre staff for my child(ren) to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Sioux Empire Community Theatre, or a duly appointed representative, to transport my child for emergency medical treatment if a parent or guardian cannot be reached. _____ (initial) Preferred Emergency Treatment Facility _____

FOOD/ENVIRONMENTAL ALLERGIES or MEDICAL CONDITIONS

CHILD(REN)

_____	_____
_____	_____
_____	_____

No allergies or medical conditions

PERMISSION FOR SELF CHECK-OUT (only for ages 11 and above)

YES, _____ is/are at least 11 years old and has permission to check himself/herself out.

NO, my child does not have permission to self check-out.

MEDIA RELEASE

I give permission for the Sioux Falls Community Theatre to use my child(ren)'s names, photographs and interviews for future publications, promotional materials (print and online) or educational materials.

YES NO



Parent/Guardian Signature

Date