



EMERGENCY CONTACT FORM

STUDENT'S FIRST AND LAST NAME: _____

STUDENT'S AGE: _____

DO THEY HAVE ANY ALLERGIES?: _____

ANY MEDICAL INFORMATION WE SHOULD KNOW ABOUT?

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: #1 _____

SECONDARY CONTACT: _____

PHONE NUMBER: #1 _____

NAMES OF THE PEOPLE WHO HAVE PERMISSION TO PICK THEM UP

(Please include yourself and anyone who may be picking your child up)

#1 _____

#2 _____

#3 _____

#4 _____

*** ARE THEY ALLOWED TO LEAVE ALONE? (Example - walking home) **Yes / No**



PERFORMER RELEASE FORM

I grant SITKA STAGE & SCREEN - Allyson Leet, Katie Clarkson & Laurel Moffat the right to record video, record voice, and take photographs of my child and my property as deemed fit by SITKA STAGE & SCREEN for the sole purpose of the class and/or workshop stated below.

Class or Workshop Name: _____

I give my authorization to allow SITKA STAGE & SCREEN, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I give my authorization to allow SITKA STAGE & SCREEN to use my child's image, likeness or voice recordings in connection with the film for any lawful purpose; including such purposes as publicity, illustration, advertising and web content.

Student's Full Name: _____

How The Actor Would Like Their Name Credited: _____

Guardian Full Name : _____

Signature : _____

Date: _____