



YOUTH REGISTRATION FORM

Child's full name: _____
Additional children: _____
Address: _____
Primary Phone (parent): _____ Primary email(parent): _____
Other Phone: _____ Other email (cast if applicable): _____

PARENT/GUARDIANS VOLUNTEER SUPPORT

A successful production requires the support of many volunteers. We appreciate your assistance. Previous experience an asset but not required, we will train you! Please check areas of interest:

- Stage Crew Set Construction Set Painting Lighting
 Props Costumes Makeup Photography
 Dressing Room Attendant Front of House Publicity/Program Cast Party

REGISTRATION FEE: \$200

A one-time fee will cover the many benefits of being part of our exciting production:

- ✓ Membership fee
- ✓ Performance Fee
- ✓ Professional instruction and training in acting, music, Choreography
- ✓ Cast Photo
- ✓ Video of stage production
- ✓ Copy script
- ✓ Two tickets to the Cast Party (additional tickets available)

Spirit wear and swag will still be offered for individual purchase.

Cash or Cheque payable to "Georgetown Globe Productions". Receipts available upon request.

VERIFICATION

I understand and authorize the information contained in this form may be released to other members of the organization.

NAME: _____ DATE: _____

SIGNATURE: _____

Please submit forms and payment to the producer(s)

Susan Stewart 416-460-2907 or Mike Tomcko 416-845-2888, by Feb. 3, 2019.

PHOTOGRAPHY RELEASE AND WAIVER OF LIABILITY

PHOTOGRAPHY RELEASE

I, _____, of _____
(full name) (address)

in the city/province of _____ hereby irrevocably consent to and authorize Georgetown Globe Productions Inc. (Globe) to capture photographs/video and grant full ownership and permission in perpetuity the use of photographic portraits of myself and/or the following family members, or to use portraits or pictures in which I or the following family members may be included, in illustration, advertising and publicity material on behalf of Globe Productions. This consent and authorization includes permission for Globe to copy, license, exhibit, re-use and re-publish photographic portraits or pictures and to use any medium including but not limited to film, internet, CD-ROM, electronic and/or other future format(s). I understand that Globe is not obligated to use such materials and they will not be provided or returned to me.

Please include first and last names of family members:

FIRST NAME

LAST NAME

By signing this document, I hereby release and forever discharge Georgetown Globe Productions Inc. (Globe) from all liability, whether direct or indirect, and hereby waive all claims, demands, actions and causes of action which I have or may have against Globe Productions with respect to, or arising from the use by Globe of portraits or pictures of myself and/or members of my family as identified above. I agree to and accept the possibility of flaws, distortions, and inaccuracies in the reproduction of the image(s) of myself and/or the members of my family for whatever reason.

I further acknowledge that, and consent to the use by Globe Productions of portraits or pictures of myself and/or the members of my family identified above shall be without restriction as to the making of changes or alterations by Globe.

WAIVER OF LIABILITY

I hereby waive, release and indemnify Georgetown Globe Productions Inc. (Globe) and their related organizations, and respective officers, directors, agents, employees and any volunteers without limitation from and against any actions, causes of action, suits, claims and demands whatsoever which I may have for or by reason of, or in any way arising out of any damages, losses or injuries that may result from my participation as a Globe performer, participant, volunteer. I hereby agree that I will not make any claim or demand or commence or threaten to commence any action or proceeding, or make any claim against the agents of Globe in connection with any damages, losses or injuries that may result from my participation in the activities or events organized in connection with Globe Productions Inc.

In cases where parental signature is given for a child, I guarantee I am the parent/legal guardian of the aforementioned child/children and I hereby indemnify Globe Productions from and against any such claims which may be made against Globe Productions by any third party. I have read, understand and accept these terms and conditions.

FULL NAME: _____ **SIGNATURE:** _____ **DATE:** _____
WITNESS FULL NAME: _____ **SIGNATURE:** _____ **DATE:** _____

We are committed to respecting and protecting the privacy of our members. Globe does not share, sell or trade private member information. For additional details on our Privacy Policy, please contact a member of our Executive or contact us at www.globeproductions.ca.

CAST MEMBER AGREEMENT

Along with talent, a successful production needs a committed and cooperative cast. Please review the following expectations. (please ✓ check)

- I commit to be in the show and learn my lines, lyrics and dance steps.
- I will be on time for all rehearsals. If I cannot attend or will be late, I will contact the stage manager, Kevin May at **416-560-2397** or email: **backstagedad@gmail.com**. If I can't get hold of Kevin, I will call/text the producer(s), Susan Stewart at 416-460-2907 or Mike Tomcko 416-845-2888. *(please be sure to leave child's name when leaving a message)*
- I understand that I will need to be flexible about my time commitment as the rehearsal times may change week-to-week especially in the two weeks prior to the show.
- I will cooperate with the production team and follow direction.
- I will be kind and helpful to my cast mates, parents and volunteers. I will promote respectful and positive relationships, use appropriate language and talk about appropriate topics. I will keep my hands and feet to myself and use my words to express myself.
- I understand there is **zero** tolerance for violent or abusive behaviour and that discipline may include suspension or expulsion from the production. Bullying, cyber bullying, harassment or disrespectful behaviour is not acceptable.
- If there is a problem, I will speak directly with the person to resolve the issue. If that doesn't work, or I am uncomfortable, I will talk to the artistic team or producer.
- I will ask questions if I am not sure of what I should be doing.
- I understand that there will be some time spent waiting and will bring something to do that is quiet and will not disrupt others (minus any electronics).
- I will not leave the rehearsal building or theatre without permission from my parent(s) or the directorial team.

Cast Member Signature

Parent/Guardian Signature

CAST MEMBER INFORMATION SHEET

Please provide detailed information for your child in the following areas:

CHILD NAME: _____

1. Allergies/Medications:

2. Behavioural Concerns:

3. Emergency Contacts:

Name	Phone	Relationship to Child

4. The following persons are permitted to pick up my child/teenager:

Name	Phone	Relationship to Child