



Narnia

REGISTRATION FORM

Send completed forms to our office prior to the first audition workshop or bring form to the workshop.
Mail completed forms to: Bay Area e.T.c., 530 Marine View Street, Ste. B, Belmont, CA 94002 Attn: Registration

NAME

(LAST) (FIRST) (MI)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # (____) _____ - _____ WORK PHONE # (____) _____ - _____

E-MAIL ADDRESS _____ CELL PHONE # (____) _____ - _____

DATE OF BIRTH _____ AGE _____ SCHOOL _____

PARENT OR GUARDIAN _____
(IF PARTICIPANT IS UNDER THE AGE OF 18) (Last) (First)

PARENT or GUARDIAN OCCUPATION(S) _____

EMPLOYER _____
(Name) (Address)

DOES YOUR EMPLOYER HAVE A CORPORATE SPONSOR PROGRAM? Yes ___ No ___

DOES ANYONE IN YOUR FAMILY BELONG TO ANY SPECIAL ORGANIZATIONS? (clubs, churches, lodges)

YES ___ NO ___ If YES, which one? _____

HOW DID YOU HEAR ABOUT THIS PRODUCTION?

Returning from previous show ___ Summer program ___ Newsletter ___ Flyer ___ Friend ___
Attended previous show ___ S.M. Park & Rec. ___ Ad (specify) _____ Other (specify) _____

RACE OR ETHNIC ORIGIN (Optional, for Grant Application Info)

- ___ White
- ___ African American
- ___ Asian, Asian American
- ___ American Indian or Alaskan Native or Pacific Islander
- ___ Mexican, Latin American, South American, Central American or Other Hispanic or Latino
- ___ Other

Through acceptance of this registration form, I realize that no medical insurance is provided for Bay Area Educational Theater Company activities and agree to assume the risk for any injury related to my participation or the participation of my dependent. I agree to make no claims against Bay Area Educational Theater Company or any of its officers, employees or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependent is physically able) to participate in this activity. I realize that Bay Area Educational Theater Company is also not responsible for lost or stolen articles.

Signature of Release _____ Date _____
(Parent or Guardian if participant is under the age of 18)

COMMITTEE PREFERENCES

LIST SPECIAL TALENTS OF PARENTS, GUARDIANS OR FAMILY MEMBERS (i.e. plays piano, sings, acts, carpenter, hairdresser, artist, sews, public relations, caterer, printer...)

Parents or guardians of all participants *are required to volunteer on at least one* committee to help meet the **MINIMUM 20** volunteer hours. Please indicate below which committee(s) you are interested in and if you are able to be a chair or co-chair (head) of a committee. If no committee is marked, you will be assigned to a committee. Please refer to the committee description pages, if you have committee responsibility questions, prior to selection.

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Rehearsal Store/Info Desk* | <input type="checkbox"/> Costume | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Stage Crew |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Props | <input type="checkbox"/> Publicity / Promo | <input type="checkbox"/> Program* (typing) |
| <input type="checkbox"/> Field Trips* (usher/chaperone) | <input type="checkbox"/> Cast Party* | <input type="checkbox"/> Chaperone | <input type="checkbox"/> Bios* (typing) |
| <input type="checkbox"/> Donation* (1-2 people pre-performance) | | <input type="checkbox"/> Outreach* (1-2 people pre-performance) | |
| <input type="checkbox"/> Raffle* (1-2 people pre-performance) | | <input type="checkbox"/> Flowers* (1 person pre-performance) | |
| <input type="checkbox"/> House Duties* (during performances: Concessions/Raffle Sales/Flowers/Tickets & Clean Up) | | | |

*These committees *alone* may not fulfill the minimum 20 hour requirement.

Sign up for specific work times for "during performance" committees will take place during rehearsals.

e.T.c. CONTACT LIST RELEASE

e.T.c. has permission to include my family's name on the e.T.c. contact (home phone & email) list for this production. This list is for distribution among the current participants for the intended use in contacting other cast members for questions regarding workshop/rehearsal, performance or ride-sharing information.

Yes, e.T.c. has my permission No, e.T.c. does not have my permission

e.T.c. PUBLICITY RELEASE

I hereby agree to permit e.T.c. the use of any photographs, videotapes or other facsimiles taken of me or my child in connection with this production for e.T.c.'s legitimate business purposes which include promotion, publicity, marketing, web page, or other legitimate use, without further consultation or approval.

Yes, I agree No, I do not agree

e.T.c. MAILING LIST

Your name will be automatically added to the e.T.c. mailing list unless otherwise indicated below. The mailing list is used for the mailing of e.T.c. newsletters and picnic flyers.

No, I do not want to be included on the e.T.c. mailing list.

T-SHIRT ORDER

Each participant will receive a free t-shirt with enrollment. Please indicate appropriate size for registrant. Additional T-shirts may be ordered for an additional cost, see web site for order forms.

Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

SIGNATURE _____ DATE _____

REGISTRATION FEES*: Participant 6 – 17 years = \$300.00 Additional sibling or participant 18+ =\$200.00

Parent/guardian participant =\$ 75.00 *fee includes a show shirt and a 1-liner for each paid participant

TOTAL FEES DUE: _____

CHECK # _____ CASH _____ Applying for scholarship

CREDIT CARD TRANSACTIONS CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFO:

VISA/MC _____ - _____ - _____ - _____ EXP ____/____

VIN # _____ (the 3 digit code on the back of charge card)

Billing Street Address & zip code of the card holder:

Street Address: _____ City _____ Zip Code: _____

IMPORTANT AUDITION INFORMATION:

- Auditions will be held **Saturday, August 25th** and **Sunday, August 26th**
- Please indicate conflicts below and return with registration forms.

Audition Workshop Conflicts:

- No conflicts**, I plan to attend the workshops
- Participant is **unable** to attend Audition Workshop
- Please send me that audition time & audition packet.
- Save the postage, email or call me with the audition time, **I will** print the audition packet from the website.

Audition Conflicts:

- No conflicts**, I can audition at any time on either day.
- Participant is **unable** to attend an audition on **Saturday, August 25th**
- Participant is **unable** to attend an audition on **Sunday, August 26th**
- Participant is **unable** to attend either audition dates, please email to make other arrangements.

Name: _____ Phone: _____
Email: _____

EMERGENCY CARD

Last Name _____ First Name _____
Address _____ City _____ Zip _____
Home Phone # (____) _____ Date of Birth _____ Age _____

Parent/Guardian Names:

Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____

In case of emergency, name and phone number of persons to contact if no answer at above number:

Emergency Contact _____ Phone (____) _____
Emergency Contact _____ Phone (____) _____

Allergies, medical limitations or special needs: _____

Physician to be called in an emergency:

Name _____ Phone # (____) _____
Address _____ City _____ Zip _____

If physician cannot be reached, what action should be taken _____

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. It is the responsibility of the parent/guardian to verify the exact procedure required by the physician to be used in emergencies should it be necessary to contact the doctor for treatment.

Medical Insurance Carrier _____ **Group/Member Number** _____

Permission for medical treatment. In case of an accident or an emergency, I authorize a staff member of e.T.c. to take my child to the above named physician or the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense.

Signature of Parent/Guardian & Date _____

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