

ROCKLIN YOUTH THEATRE COMPANY

101 Dalmatians - Rising Stars Workshop

Director: David McDaniel

Rocklin Youth Theatre is offering a summer workshop which ends with a production!

In a loving home in the city of London, Dalmatian parents, Pongo and Perdita happily raise their Dalmatian puppies, until the monstrous Cruella De Vil plots to steal them for her new fur coat! Join all the dogs of London, as they daringly rescue the puppies from Cruella and her bumbling henchmen.

CASTING:

All roles are open and will not be cast until after the first rehearsal. Every child will receive a role.

SHOW: 4 Shows in all (are they doing all 4 or just 2 if double cast)

August 2nd at 2:30 and 4:30 at Rocklin Dance Center

August 3rd at 2:30 and 4:00 at Rocklin Dance Center

Tickets are \$5.00

REHEARSALS: Rehearsals will be held at Rocklin Dance Center.

July 14th ó 25th Monday through Thursday 5:00 ó 8:00

July 28th ó 31st Monday through Thursday 7:00 ó 8:30

August 1st ó Friday 4:00 ó 8:00

TECH:

August 1st ó Friday 4:00 ó 8:00

ROLES:

Various roles are available for all ages.

FEES:

Workshop Fee: \$200 (includes costume and souvenir t-shirt). Pay fee at the time of registration.

NO REQUIRED PARENT VOLUNTEER HOURS!

NO REQUIRED FUNDRAISING!!

NO OTHER COMMITMENTS OTHER THAN WHAT YOU SEE HERE!!!

Rocklin Youth Theatre Company

Authorization to Consent to Medical Treatment

I/We, the undersigned, do hereby authorize representatives of Rocklin Youth Theatre Company (such representatives to be employees, directors, auxiliary member or identified volunteers) to serve as agents for the undersigned to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site.

It is understood that this authorization is being given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I (We) also understand agree that Rocklin Youth Theatre Company will not be responsible for injuries which occur to self/child while attending or participating in any Rocklin Youth Theatre Company function.

This authorization shall remain valid until revoked by parent or guardian.

Name of Participant ONE: _____ Medical #: _____

Name of Participant TWO: _____ Medical #: _____

Name of Participant THREE: _____ Medical #: _____

Name of Parent/Guardian: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Insurance Company: _____

Does ANY of the participants have any known medical conditions or allergies? (if yes, please list name and describe):

In case of emergency, I would like Rocklin Youth Theatre Company to call the following people and phone numbers in the following order:

1st number: _____ Person: _____ Relationship: _____

2nd number: _____ Person: _____ Relationship: _____

3rd number: _____ Person: _____ Relationship: _____

Once a designated emergency contact has been contacted, Rocklin Youth Theatre Company need not call any additional numbers. If no contact is made after all numbers have been called, Rocklin Youth Theatre Company may leave a message at any of the above numbers, if possible.

I have read, understand, and agree to the Rocklin Youth Theatre Company authorization to Consent to Medical Treatment.

Primary Parent and/or Guardian (Signature): _____ Date: _____

Visalia Civic Ballet
Rocklin Youth Theatre Company
6015 Pacific Street #7
Rocklin, CA 95677

LIABILITY RELEASE FORM

In signing this release, I understand fully the dangers, risks and hazards that are involved in this activity and I assume full responsibility for all dangers, risks and hazards. In consideration of my child(ren), acceptance to all programs I hereby release, acquit and absolve Bette Downs (other entities), Visalia Civic Ballet, Rocklin Youth Theatre Company, and Rocklin Dance Center of all claims, actions, causes of actions, demands, rights damages, costs, loss of service, expenses and compensation, whatsoever, for any personal injuries and/or property damages arising out of said activity.

Name of child(ren): _____

Primary Parent and/or Guardian (please print): _____

Parent and/or Guardian Signature: _____

Date: _____

Rocklin Youth Theatre Company Performer Application

Cost: - \$200 workshop fee due with this application.

Name of Participant: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Birth Date: _____

Height: _____ Please attach a recent photo to the application

Parent/Guardian #1 (Primary Contact): _____

Primary Phone: _____ Cell Phone: _____ E-Mail: _____

Parent/Guardian #2 (Secondary Contact): _____

Primary Phone: _____ Cell Phone: _____ E-Mail: _____

E-mail addresses is used for all communication, please print neatly.

Attach a resume or list other productions that the participant has participated in:

<u>Date</u>	<u>Theatre</u>	<u>Show</u>	<u>Role</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No Show Conflicts are accepted. Do you have any rehearsal schedule conflicts: ____ yes ____ no If öyesö, note them here _____.

I understand there are no refunds should I decide to withdraw from the program.

Parent/Guardian: _____ Participant: _____