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| --- |
| Summer Film Camp Expose  |
|  Applicant Information Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: |
| Date of birth: | SSN: NA | Phone: |
| Current address: |
| City: | City | ZIP Code: |
|  | State | How long? |
|  |
| Name of School |
| Address: | Grade |
| Are you in school  | Yes  | No |
| Graduated or G. E. D. | Yes | No |
| College: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_  | Year | Where |
|  |
| Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_ Emergency Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
| Address: |  |
| City: | State: | ZIP Code: |
|  |
|  |
| Contact phone number where you always be reached  |
| Landline  | Cell | Alternate |
| Experience |
| Have you performed professionally? Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How long? |
| Phone: | Phone: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Under Contract? | With Who |
| Skills |
| List all your skills |  |  |
|  |  |  |
|  |  |  |
|  |
| What program are you applying  | Summer Camp ( ) |
| Singing | School Closing/School Breaks ( ) |
| Waiver |
| \*I will not be compensated for use of any picture, videos, or other exposures, and I grant America RAVES and its affiliates the right to publish my likeness, voice and all pictures for any purposes they deem necessary for my advancement and benefit while In programs. I hold America RAVES, it affiliates, sponsors, collaborators and partners harmless against accidents, mishaps and death, by my (child’s)negligence or willful defiance of rules of safety over applicable insurance policy limits.  |
|  |  |
| \*Waiver: By signing, you agree to all the terms of your child’s participation. Children 16 years old must have parental permission. See above Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |