



Savoyard Light Opera Company (SLOC) Parental Consent Form

Minors must have parental consent to participate in all SLOC productions. This form must be completed and brought to the audition with other documents.

Name of Child: _____ **DOB:** _____

Name of Parent/Guardian: _____

Address: _____

Telephone: Home: _____ **Cell:** _____

Does your child have any medical conditions we should be aware of, including allergies, etc?

Does your child need to take any medication while in rehearsal or performance?

Medical Provider Contact: Name/Telephone: _____

Emergency Contact: Please list one or more additional contact other than above.

Name: _____ **Relationship:** _____

Telephone/s: _____

Permission to pick up given to (name/phone): _____

CONSENT: (please read carefully)

- I agree to my child taking part in the SLOC production.
- I agree to allow SLOC to contact Emergency medical provider as needed to care for my child.
- I understand that SLOC and it's affiliates accept no responsibility for loss, damage or injury caused by or during attendance at any of the rehearsal/ performances.
- I understand that my child must be a member of the SLOC organization.
- I agree to allow SLOC to use child's likeness or photographs/videos for publicity purposes.
- I agree that my child will adhere to all rehearsal policies and attend all rehearsals called to.
- I agree to provide chaperone coverage for rehearsals as requested. This may include attending all rehearsals that my child is called to or alternating with other parent chaperones.

Parent/Guardian Signature: _____ **Date:** _____