

County Seat Theater Co. VOLUNTEER REGISTRATION

Name _____ Age _____ (Must be 13 years of age. Or directors discretion)

Address _____ Phone # _____

Emergency Contact (name & #) _____

I would like to volunteer for: (check all that apply)

Week 1 - June 10-14
 Week 2 - June 24-28
 Week 3 - July 8-12
 Week 4 - July 15-19

I will be at the performances at 1 pm & 7 pm on Friday **YES / NO**

I will not be there on these dates due to other commitments:

T-shirt size (circle one): Small Medium Large X-Large XX-Large

INITIAL EACH OF THE FOLLOWING STATEMENTS:

- I understand that I am to set an example for younger actors. _____
- I understand that I am responsible for the safety of our actors (physical and mental). _____
- I will do my best to help the directors create a positive experience for the actors. _____
- I understand that I will be helping with all aspects of this show where needed. _____
- I understand that I am responsible for helping keep the theater clean. _____
- **I understand that the use of cell phones and other electronic devices are not to be used during camp hours.** _____

County Seat Theater Co. Parent consent form

Children's Theater TEEN VOLUNTEER

I give _____ my permission to volunteer for the County Seat Theater Children's Theater programs. I understand that by signing this form, I do not hold the County Seat Theater Co. responsible for any loss of personal belongings or injury caused by my child's misbehavior. I understand that I will be responsible to pick up my child promptly at the end of each day and will provide them with proper snacks and lunch. I understand that my child's attendance **will not** be monitored and they are responsible for themselves. Any youth misbehaving or being disrespectful to the space or other individuals will be asked to leave.

ADULT SIGNATURE REQUIRED _____ **DATE** _____