



PARTICIPATION FORM

Production/Program Name _____

Participant's Name _____ Current Age (if participant is a minor) _____

Name of person completing this form _____ Relationship to minor _____

Sex: Male Female Currently in School? Yes No If yes, Grade _____

Participant Email _____

Parent email (if participant is a minor) _____

Participant phone _____ Cell Landline

Parent phone (if participant is a minor) _____ Cell Landline

Street Address _____ City _____ State _____ Zip _____

If you are a participant 18 years of age or older, do you have current copies of the three clearances listed below or are you willing to get them? Yes No

Act 34 - Criminal Record Check from the Pennsylvania State Police (FREE for volunteers)

Act 151 - Child Abuse History Clearances from the Department of Human Services (FREE for volunteers)

Act 114 - FBI Fingerprint Clearance (cost is \$27.50) or *Resident Disclosure Statement*. Fingerprint Clearance is required if you have NOT been a continuous resident of PA for the last 10 years. If you have lived in PA for 10 consecutive years, you can submit the Resident Disclosure Statement.

Performers must submit a performer conflict sheet at auditions. Performers will not be cast without a completed conflict sheet on file.

Media Release Authorization: I understand that by participating in the programming at Harrisburg Christian Performing Arts Center, I give Harrisburg Christian Performing Arts Center my permission to use a photograph or video of me/my child publicly to promote the Harrisburg Christian Performing Arts Center. I understand that the images may be used in print publications, online publications, presentations, websites, t-shirts and social media. I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

SIGNATURE of Adult Participant or Parent/Guardian of Minor Participant

DATE

**OUR MISSION: PROVIDING QUALITY THEATRICAL EXPERIENCES,
WHILE TRAINING STUDENTS & YOUNG ADULTS WITH SKILLS FOR THE STAGE OF LIFE.**

Participant's Name _____



Current Age (if participant is a minor) _____

Parent/Guardian #1

Name _____ Relationship to participant _____

Street Address _____ City _____ State _____ Zip _____

Phone 1 _____ Cell Landline Phone 2 _____ Cell Landline

Parent/Guardian #2

Name _____ Relationship to participant _____

Street Address _____ City _____ State _____ Zip _____

Phone 1 _____ Cell Landline Phone 2 _____ Cell Landline

Is there a child custody agreement in place? Yes No If yes, please describe:

Will you allow others to pick up your child from HCPAC? Yes No

The following individuals have my permission to pick up my child from the HCPAC campus for this production/ program period. Identification may be requested if an HCPAC volunteer team member and/or staff are not familiar with the individual picking up the minor.

Name of Authorized Adult #1 _____ Phone _____

Name of Authorized Adult #2 _____ Phone _____

Participant Role

Volunteer

Student Production Team Member

Adult Program Participant: Name of Program _____

Student Program Participant: Name of Program _____

Student Intern in: Middle School High School College

Will you accept any role given you? Yes No Why or why not?

Previous stage experience:

DO NOT WRITE IN THIS BOX - FOR PRODUCTION TEAM VOLUNTEERS ONLY



Voice: /	Vocal Part: S A T B
Dance: /	Cast As:
Acting Notes:	
Call Back: Y N	Notified: Y N Accepted: Y N