

Date: _____

Johnson City Public Library Digital Theater Production Application – 2021

Applications due Friday, 9/3/21

For Participant to Complete:

Name: _____

Address: _____

Phone Number: _____

Email Address* : _____@_____

***Email will be our primary point of contact with caregivers throughout this program. Please provide a current email address that is checked regularly.**

Age: _____ Birthdate: _____

Grade: _____

School: _____

Why are you interested in this program?

What are some of your favorite books?

What are some of your favorite movies?

No experience is necessary, but you might have already used some equipment we will learn about. Have you ever worked with (check if so):

- camera (still images)
- camera (video)
- tripod
- video editing software
- sound editing software
- costumes
- setwork
- acting in a play

For Parent/Responsible Party to Complete:

This program will take place *every* Wednesday from October 6th- December 1st, from 4 p.m. - 6 p.m. (with the exception of November 24th for Thanksgiving week) . If you already know of a date your child will be unable to attend, please list it below:

Important Considerations:

1. This program is a commitment for you and your child. For the children to get the most out of the program, we expect them to arrive on time each week and conduct themselves in a professional manner. We want them to want to be here!
2. Please be sure to sign your children in and out each week so that we have a record of when they were dropped off and picked up. It's best to arrive a few minutes early if possible to sign in. Pick up will be at 6:00 pm.
3. Due to the nature of this program, and production deadlines, each session will be important. We will cover new material and create a new piece of our project each week. While we ask that our participants commit to each date of the program, we understand that life happens! Please contact us if your child is unable to attend a session (ahead of time is preferable), and we will work to try and schedule an abbreviated make-up session.

PARENTAL CONSENT

[PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED FOR APPLICATION CONSIDERATION]

I consent to allow my child, _____, to participate in the Johnson City Public Library Digital Theater Production program. I understand that if my child is 10 years of age or younger, I must be present on library property for the duration of the program each day.

Signature _____ Date _____

Emergency Contact Information:

For your child's protection, please give us a primary contact and a backup contact, in case we are unable to reach the primary. Thank you!

Name: _____

Number: _____

Name: _____

Number: _____

Is there anything you'd like to share about your child?

Photo Release Form (Minors)

The Johnson City Public Library has my permission to use my own or my child's image publicly to promote the library. I understand that any photographs, videos, and audio recordings taken on library grounds or at library events may be used in the library's print or online publications, presentations, website, and social media. I also understand that no royalties or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

Parent/Guardian's Signature: _____ Date: _____

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