

# MINOR CONSENT FORM

\_\_\_\_\_ has my permission to participate in the activities of Gaylord Community Productions, Inc. I am aware that Gaylord Community Productions, Inc. has rules and regulations against minors using alcohol, drugs, etc. and will not tolerate any violations of those rules and regulations. I also understand that Gaylord Community Productions, Inc. has behavior expectations and expects all participants to act responsibly during rehearsals. I will encourage my child to abide by these rules, and I understand that violations could result in my child forfeiting their right to participate.

**I understand that parents of children aged 6-11 are expected to help with child supervision in order for their children to be able to participate, especially when rehearsals get longer. (Gaylord Community Productions, Inc. (GCP) is NOT a babysitting service nor should older students involved in GCP be expected to babysit.)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE PRINT

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Work Phone(s) of Parent(s)/Guardian(s) for in case of emergency

\_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_