

May 4, 2024

Dear Summer Thespians,

Thank you for taking the time to audition for us today. We appreciate your desire to work with us this summer on our productions. Please be sure to fill out the audition form completely, especially an email address so that we can let you know this weekend about casting and sign the media release form. Also, please see the costumers for measurements before you leave.

If you ARE NOT cast in the show, we want to encourage you in your performing by being involved in your school's arts programs as well as other programs offered through Sweetwater BOCES. We also invite you to the performances of the Summer Theatre for Youth "Chitty Chitty Bang Bang JR" on Wednesday, July 24, or Thursday, July 25 at 7:00pm.

If you ARE cast in "Chitty Chitty Bang Bang JR", there will be an informational meeting Monday, May 6, from 7-8pm in the Western Theatre to hand out scripts/music and answer any questions about the show. Please bring the completed yellow BOCES registration form and the \$25 registration fee (checks payable to Sweetwater BOCES) then or on July 1 (the first day of rehearsals) at 9am, in the Theatre. The rehearsal period will last four weeks: Monday through Thursday from 9:00am to 1:00pm. Please bring your own snacks for the morning break (usually 11am) and water bottle every day. The performances are on Wednesday, July 24 and Thursday, July 25 at 7:00 pm in the Theatre.

Schedule: Summer Theatre for Youth

July 1, 9am-1pm; July 2, 9am-1pm; July 3, 9am-1pm; July 4, *no rehearsal*.

July 8, 9am-1pm; July 9, 9am-1pm; July 10, 9am-1pm; July 11, 9am-1pm.

July 15, 9am-1pm; July 16, 9am-1pm; July 17, 9am-1pm; July 18, 9am-1pm.

July 22, 9am-1pm; July 23, 9am-1pm; July 24, 9am-1pm; July 25, *no rehearsal*.

Performances: July 24 and 25, at 7:00pm., WWCC Theatre (call time: 530pm)

We are looking forward to working with you and having a lot of fun creating these shows.

Sincerely,

Stephen Cramer, Producer
Sweetwater BOCES Summer Theatre for Youth

Western Wyoming Community College Release

Western Wyoming Community College (hereinafter "the College") periodically uses electronic and traditional media (e.g., photographs, video, audio recordings, testimonials) for publicity, advertising, and educational purposes. By signing this form, I acknowledge I have read and understand this document and give permission to the College and its designees to use such reproductions, with any digital retouching or alternation, for educational advertising and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify the Office of Public Relations and the College if any changes to my situation occur that will impact this media release.

Please be as complete as possible when filling this form out. Print or write legibly. Thank you for your participation.

I have read the above release and am aware of its contents.

SIGNATURE _____

DATE _____

PRINTED NAME

STUDENT ID #

CURRENT PHYSICAL ADDRESS

EMAIL ADDRESS

PHONE

GUARDIAN SIGNATURE (if under 18)*

**I am the guardian of the minor names above and hereby agree that we will be bound by this release.*

Sweetwater BOCES Programs

Please make a note of your child's registration and refer to it for course information, time and place. **THERE WILL BE NO REMINDER LETTERS SENT. ABSOLUTELY NO REFUNDS** will be given unless a class is cancelled. Complete the registration form and medical information and return it with your check to Sweetwater BOCES, P.O. Box 428, Section B 640, Rock Springs, WY 82902-0428. No phone registrations will be accepted. **Registration is not completed until payment or waiver is received, and medical information is completed.** Classes are open to Sweetwater County Residents and family members only. All programs have a limited enrollment and will be filled on a first-come, first-served basis. Please call 382-1607 or 875-4440 ext. 1607 if you have any questions

Date of Birth

Name _____ Age _____ Male/Female _____

Address _____ T-Shirt Size _____

School attending this Spring _____ Grade as of May 1 _____

Emergency Contacts: Parent or Legal Guardian _____ Phone _____

Alternate Phone Number(s) _____ e-mail _____

Other Emergency Contact (If parent cannot be reached): _____ Relationship _____

Address _____ Phone _____ Receipt # _____

| Course Name | Date | Location | Time | Session | Fee |
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| Total Due | | | | | |

Permission and Release

This Permission and Release is made and given by the undersigned who certify to be the parent(s) or legal guardian(s) ("Parent"), on the date entered below, of the following minor child: (Name of Student) _____ ("Student"). In consideration of the acceptance and approval of Student's

application for entry and participation in the Sweetwater Board of Cooperative Educational Services ("Sweetwater BOCES") Summer Program, and in further consideration of the Student's participation in the related events or activities, to be conducted and sponsored by Sweetwater BOCES during its program of the year of _____, the undersigned individually and as parent(s) or legal guardian(s) of the Student hereby:

1. Grants permission for Student to participate in the above named program and irrevocably releases, waives, holds harmless and discharges Sweetwater BOCES, its Board of Trustees, officers, employees, instructors, agents, servants and owners and lesses of premises from any and all liability to the Parent and/or Student, for any and all claims, causes or action, loss or damage, and any damages resulting therefrom, on account of any injury to person or property, including injury resulting in death, whether caused by the negligence or carelessness of Sweetwater BOCES or other sponsors or promoters of such program while the Student is participating in the program.

2. Acknowledges and fully understands that each Student may be engaging in activities that involve risk of serious accident or injury, including permanent disability and death, and severe social and economic loss and harm might result not only from participant's action, inaction, or negligence but also from the actions, inactions, or negligence of others, the rules and nature of the program, the condition of the premises, and any equipment used. Further, that there may be other risks not known or reasonable foreseeable at the time or before any incident causing injury.

3. Knowing the risk inherent in this program, nevertheless, Parent hereby assumes all the foregoing risks and Parent accepts personal responsibility for the damages following any injury, disability or death to the Student. Parent understands and agrees that this waiver, release and assumption of risks is binding upon heirs, next of kin, administrators, and assigns.

Please complete reverse side

4. Understands and agrees that Parent and Student will adhere to the provisions of Sweetwater BOCES Board Policy #VI-6-B which states the following: "Field trips sponsored by SBOCES require students to remain with the class the entire trip. Parents are welcome, with the approval of the instructors, to travel with the group and assist as chaperones. Students may not travel separately to a field trip location nor may they leave the group at the field trip location."

The undersigned has read or become familiarized with the above and understands that he or she has given up substantial rights by signing this waiver and release and signs it knowingly, voluntarily and without any coercion or duress.

Signed by Parent or Legal Guardian _____ Date _____

Medical Statement and Permission to Treat

To Whom It May Concern: _____ (Student) is **not on medication nor are there any medical conditions** (such as asthma, diabetes, or epilepsy) or allergies or allergic reactions to medication in his/her case that would require special attention in the event of an emergency or accident.

To Whom It May Concern: _____ (Student) is **on medication or has a medical condition** (such as asthma, diabetes, or epilepsy), allergies or allergic reaction to medication, food or other that would require special attention in the event of an emergency or accident. Please describe:

Parent or Legal Guardian

Date

In the event _____ ("Student") suffers an injury or illness which warrants immediate medical treatment during a Sweetwater BOCES' sponsored activity and while under Sweetwater BOCES' supervision and I am unavailable for consultation or to procure immediate medical treatment for such injury or illness, I hereby authorize and appoint as attorney-in-fact the BOCES supervisor to do as follows:

1. To arrange for the transportation of Student, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to an emergency room or a hospital, a doctor's office, or a medical clinic; and
2. To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at such facilities as identified above.
3. To release any information in the possession of Sweetwater BOCES, including this form to proper medical authorities.

I agree to be responsible for and to pay all cost and expenses of such treatment with billing to be directed to either my insurance provider as designated below or parent's residence.

Medical Insurance Company _____ ID # _____

Dated this _____ day of _____, 2_____

(Parent or Legal Guardian)