

CELEBRATION OF YOUTH EXPRESSION

PERFORMING ARTS APPLICATION

*This is an application to audition for the Celebration of Youth Expression scheduled for
May 7, 2016.*

Name of Act: _____
Main Contact Person: _____
Telephone: _____
Email: _____

Name and Ages of Performer (s):

_____	_____
_____	_____
_____	_____
_____	_____

What talent will be performed? (dance, singing, etc.)

Other than microphones and speakers, no equipment will be provided by the City of Greenville. What additional equipment will you be providing for this act?

Performance guidelines

- ☐ All performers are required to be amateurs.
- ☐ All performers must reside in Pitt County.
- ☐ Performances are not allowed to contain lewd acts, costumes or language.
- ☐ Performances are limited to a 5 minute set up time, performance must contain only one routine that lasts no more than 10 minutes and a 5 minute take down time.
- ☐ All performers must 18 years of age or younger on 5/07/16.
- ☐ All applicants must attend the auditions on April 16, 2016.

Applications must be received by March 24, 2016.
They may be sent via email to skriewall@greenvillenc.gov,
or mailed to Greenville Recreation and Parks,
PO Box 7207 Greenville, NC 27835
Questions? Call 252.329.4567

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

I agree to follow all performance guidelines and in consideration of my / my child being allowed to participate in the Celebration of Youth Expression sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my / my child's participation including, but not limited to, any injury or accident occurring during transportation related to this program. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of me / my child while participating in this program. For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that I / my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat me / my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Printed Name

Date

Signature

Date

If participant is under 18, form must be signed by legal guardian...

Printed Parent/Guardian's Name

Date

Parent/Guardian's Signature

Date

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