

2025 Stage Rights Fall Production **'Jungle Book KIDS'**

Registration fee: \$250.00 per SJUSD student/Half due at Registration

**Earl LeGette Students may be eligible for some grant money to pay a portion of their tuition.*

All students will also be responsible for their own costumes. Some parent participation required.

When complete email form to: performing@stagerightproductions.net

Name: _____ **Age:** _____

School: _____ **School Grade** _____

Home Phone #: _____ **Cell Phone #:** _____

Email Address: _____

Parent Name(s): _____

Other Contact Phone Number(s): _____

'Jungle Book KIDS' Rehearsal and Performance Schedule

Week 1:	March 10 & 12 – Monday and Wednesday	3:30 pm - 5:30 pm
	March 14 - Friday	12:30 pm - 2:30 pm
Week 2:	March 17 & 19 – Monday and Wednesday	3:30 pm - 5:30 pm
	March 21 - Friday	No School
Week 3:	March 24 – Monday	No School
	March 26 & 28 Wednesday and Friday	3:30 pm - 5:30 pm
Week 4:	March 31 – Monday (<i>May cancel</i>)	3:30 pm - 5:30 pm
	April 2 & 4 Wednesday and Friday	3:30 pm - 5:30 pm
Week 5:	April 7 & 9 Monday and Wednesday	3:30 pm - 5:30 pm
	April 11 Friday	1:30 pm - 3:30 pm
Week 6:	April 14 – 18 No School This Week	
Week 7:	April 21, 23 & 25 Monday, Wednesday, Friday	3:30 pm - 5:30 pm
Week 8:	April 28 & 30 Monday and Wednesday	3:30 pm - 5:30 pm
	May 2 Friday	3:30 pm - 5:30 pm
Week 9:	May 5 & 6 Monday and Tuesday	3:30 pm – 6:30 pm
	May 7 Wednesday	Daytime Performance
	May 8 Thursday	Evening Performances

**** STRIKE THE SHOW All hands on deck! 😊 FOLLOWING THE SHOW ****

*Tickets for Family Performances will be \$10.00 General (children under 5 will be FREE)
Tickets will be available online at StageRightProductions.net. DATE TBD*

PLEASE LIST ANY SCHEDULE CONFLICTS:

Please List Performing Experience your child has. (if this is your first performance please just leave it blank, you may also attach your resume to the back of this sheet if you have one.)

Please List any Special Talents you have: (play an instrument, artist, gymnast/tumbling, dancer, vocal training, juggle etc....)

Is there anything else you would like us to know about you?

Stage Right Productions
Youth Cast Member Emergency Information
(Please print neatly)

Cast Member's Name _____ Date of Birth _____

Parent's Name(s) _____

Address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email: _____

Who will be picking up your child from rehearsal

_____ Phone # _____

I give my permission to share my phone number/email on a cast list: **Yes No**
(please circle one)

Does your child have any medical conditions? **Yes No**
(If Yes, please use back of paper to explain)

Does your child have any food allergies? **Yes No**
(Please explain on back of this form)

Please carefully read and consider the following:

I understand that in the event of a medical emergency every attempt will be made to reach me, based on the phone numbers listed above. In the event that I cannot be reached I give my permission for my child,

_____ to receive medical treatment deemed necessary and appropriate by an emergency room physician. I understand that I am responsible for any medical bills that may be a result of this injury and, or treatment.

Medical Insurance Carrier:

Policy/ID #:

Please sign (parent/guardian)

Date