THE RAMONA BOWL AMPHITHEATRE

Home of "RAMONA" - California's Official Outdoor Play & America's Longest Running Outdoor Drama, Since 1923

27400 Ramona Bowl Road, Hemet, California 92544 (951) 658-3111

Children's/Youth Volunteer Application 2026
(Ages 7 to 17 years)

Circle ***ONE*** committee your child/youth is participating in:

☐ Elder Blessing ☐ Rancho Children ☐ Rock Indians ☐ Village Children

☐ Other _____

PLEASE CAREFULLY COMPLETE ALL INFORMATION - *print clearly*

Child's/Youth's Name: _____

Mailing Address: _____

Please include city & zip code.

Age: _____ Child's/Youth's Email Address: _____

Home Ph.: _____ Child's/Youth's Cell Ph.: _____

Name of Current School: _____ Current Grade: _____

Mother's Name: _____Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's/Families Email _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's/Families Email _____

If not the same as mother's/families

Is the child/youth a member of:

The Actors' Equity Association ☐ **Yes** ☐ **No** The Screen Actors Guild? ☐ **Yes** ☐ **No**

As the parent or guardian of the above-named applicant, I have read and understand the following:

- My child/youth is expected to report ON TIME for pictures, all rehearsals and performances. Dates of the 2026 outdoor play *Ramona* are April 16th (4th Grade), 18th, 27th, and May 3rd, 4th & 10th, 11th rehearsals to be announced.

- I am aware that rehearsals may be every Saturday and Sunday for 3 hours (a schedule will be provided).

- I am aware that rehearsals are mandatory and that my child/youth may be dropped off if they do not attend. As the parent/guardian of the applicant, I agree to notify the Committee Leader of any absence of my son/daughter for any excusable reason.

- I am aware that my child/youth may be dropped from *Ramona* for disciplinary actions after one (1) warning.

- The Ramona Bowl Amphitheatre has a zero-tolerance policy for smoking, alcohol, drugs, and weapons.

- Children/Youth who are cast must be physically able to perform the duties as required for the role.

- My child/youth will wear the make-up and costume provided by the Ramona Bowl Amphitheatre.

- My child/youth will abide by all rules and regulations set forth by the Ramona Bowl Management, the Artistic Director, and Committee Leaders.

- All children/youth must have written permission to walk or ride a bike to and from a rehearsal or performance.

- I agree to arrange for and/or be responsible for transportation to and from all rehearsals, performances, and picture-taking or publicity sessions. **I AM AWARE SUPERVISION WILL NOT BE PROVIDED BEFORE OR AFTER REHEARSALS.**

- I understand that my child/youth is expected to participate in all seven (7) performances of the outdoor play *Ramona,* which includes the 4th Grade performance on April 24, 2025, and must attend a minimum of four (4) performances in order to receive complimentary tickets. If my child/youth is dismissed from the play for any reason after she/he had received complimentary vouchers or tickets, or does not attend at least four performances, I agree to pay the full purchase price of said tickets or return them to the Ticket Office within seven (7) days after her/his dismissal. There are NO extra tickets for serving on more than one committee. I hereby consent to all the Ramona Bowl Amphitheatre or their subsidiaries or affiliates, to use for internal and external publicity the name, voice, portrait and/or picture, and any recordings of musical arrangements performed by the above-mentioned child/youth during the outdoor play *Ramona* rehearsals or performances.

<u>Parent and Child/Youth Participation Agreement</u>

By signing and submitting this application, you are agreeing to the policy guidelines as listed on this form. **This application is valid ONLY if signed by parent and child/youth.**

_____ Date: _____
Parent's or Guardian's Signature

_____ Date: _____
Child's/Youth's Signature

Emergency & Medical Form

In an emergency, if the parent is not available, contact:
Name:_____ Home Phone: _____
Relationship to Child/Youth: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Allergies (please describe any allergies to food or drugs) or Health Conditions: _____
_____
Please list all medications regularly taken by child/youth (this is for emergency purposes only)
_____
_____
Name of Family Doctor: _____ Phone: _____
Name of Health Insurance Carrier: _____ Policy # _____

Parent's Authorization for Emergency Medical Treatment

I give my permission to the physician selected by the program directors or producer to order x-rays, routine tests and treatment for the health of my child/youth, and in the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the directors or producer to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child/youth as named in this form.

Name _____ Relationship _____

Signature _____ Date _____

RETURN THIS COMPLETED APPLICATION TO YOUR COMMITTEE LEADER NO LATER THAN FEBRUARY 1, 2025.

Applications must be returned for your name to appear in the Souvenir Program

If you have any questions or concerns, please contact:
Office: (951) 658-3111 or ramona@ramonabowl.com