



# Santa Monica High School Viking Bands 2010-2011

## Permission to Work in the Entertainment Industry

Dear Parents,

The Samohi Marching and Concert Bands are occasionally approached to appear in various movies or television productions. The companies usually donate a substantial amount of money to the program in exchange for our involvement. These are usually last minute arrangements, and involve last minute paper work.

We have lost some opportunities due to our being unable to complete the paperwork in a timely manner. To avoid this, we are sending a form home for you to complete.

When we get to be in films, the students have a great time, and our program benefits substantially from the exposure and donations from the production companies. We cannot predict when we will be offered appearance opportunities, but we do receive 2-3 calls each year.

Please fill out the top box only. If we are invited to appear in a show, we will copy the complete the school record information. The Health Record section does not need to be completed.

Thank you in advance for your help!

**THIS IS NOT A PERMIT**

NEW  RENEWAL  
 Permit No.

**APPLICATION FOR PERMISSION TO WORK IN THE ENTERTAINMENT INDUSTRY**

**PROCEDURES FOR OBTAINING WORK PERMIT**

1. Complete the information required below
2. School authorities must complete the "School Record" section below
3. For minors 15 days through kindergarten, please attach a certified copy of minor's birth certificate. See reverse side for other documents that may be accepted.
4. Mail or present the completed application to any office of the Division of Labor Standards Enforcement for issuance of your work permit. Work permits will be issued within 3 business days and mailed to you.
5. Please provide a preaddressed, stamped envelope.

|   |  |        |  |        |                                   |        |           |            |          |           |                      |   |  |
|---|--|--------|--|--------|-----------------------------------|--------|-----------|------------|----------|-----------|----------------------|---|--|
| Name of Child   |  |        |  |        | Professional Name (if applicable) |        |           |            |          |           |                      |   |  |
| Permanent Address Number  |  | Street |  |        | City                              |        | State     |            | Zip Code |           | Home Phone Number    |   |  |
| School Attending  |  |        |  |        |                                   |        |           |            |          | Grade     |                      |   |  |
| Date of Birth   |  | Age    |  | Height |                                   | Weight |           | Hair Color |          | Eye Color |                      | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| <b>STATEMENT OF PARENT OR GUARDIAN: It is my desire that an Entertainment Work Permit be issued to the above named child. I will read the rules governing such employment and will cooperate to the best of my ability in safeguarding his or her educational, moral and physical interest. I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.</b> |  |        |  |        |                                   |        |           |            |          |           |                      |   |  |
| Name of Parent or Guardian (print or type)  |  |        |  |        |                                   |        | Signature |            |          |           | Daytime Phone Number |   |  |

**SCHOOL RECORD**

*State whether "SATISFACTORY" or "UNSATISFACTORY" for each*

|  |  |  |                      |  |  |                     |        |  |  |               |  |
|--|--|--|----------------------|--|--|---------------------|--------|--|--|---------------|--|
| Attendance   |  |  | Scholarship (Grades) |  |  |                     | Health |  |  |               |  |
| I CERTIFY THAT THE ABOVE-NAMED MINOR:<br><input type="checkbox"/> Meets the school district's requirements with respect to age, school record, attendance and health.<br><input type="checkbox"/> Does not meet the district's requirements and permit should not be issued. |  |  |                      |  |  |                     |        |  |  | [School Seal] |  |
| Authorized School Official   |  |  |                      |  |  | Date                |        |  |  |               |  |
| School Address   |  |  |                      |  |  | School Phone Number |        |  |  |               |  |

**HEALTH RECORD**

*Complete this Section if instructed to do so or if infant is under One Month of Age*

|   |  |  |         |  |  |      |              |            |  |
|---|--|--|---------|--|--|------|--------------|------------|--|
| Name of Doctor  |  |  | Address |  |  |      | Phone Number |            |  |
| I certify that I am a licensed physician and surgeon who is Board Certified in pediatrics, and have carefully examined<br>In my opinion, (please circle) <b>he</b> / <b>she</b> <b>is</b> / <b>is not</b> physically fit to be employed in the production of motion pictures and television. If less than one month, infant <b>is</b> / <b>is not</b> at least 15 days old, <b>was</b> / <b>was not</b> carried to full term, and <b>is</b> / <b>is not</b> physically able to perform. |  |  |         |  |  |      |              |            |  |
| Signature _____   |  |  |         |  |  | M.D. |              | Date _____ |  |
| Remarks   |  |  |         |  |  |      |              |            |  |