

APPLICATION FOR MINORS IN PERFORMANCES

For the employment of any minor under 18, in compliance with the Pennsylvania Child Labor Act in a performance where a minor models or renders artistic creative expression in a live performance, radio, television, movie, Internet, publication, documentary, reality programming, or other broadcast medium that is transmitted to an audience.

The bureau should receive the application before the performance and/or first rehearsal. A school official must complete the section applicable to performing or rehearsals during school hours.

RETURN TO:

Bureau of Labor Law Compliance 651 Boas Street, Room 1301 Harrisburg, PA 17121-0750 Telephone: 800-932-0665 FAX: 717-787-0517 Email: ra-lislmr-ent_apps@pa.gov

The minor may not begin participating in a rehearsal, filming or production until the permit is issued.

INFORMATION ABOUT THE M	INOR (To be co	mpleted by pa	arent or guardian	. Attach additiona	al sheets, if	necessary.)
Legal and professional name of r	ninor					
Permanent address						
	TREET		ITY	STATE		ZIP CODE
Telephone ()	Date of birth	/	_/ P	lace of birth		
		MONTH DAY	YEAR			
Is the minor a foreign national?	🗆 Yes	🗆 No				
Name of parent or guardian				Telephone (_)	
Permanent address						
S	TREET	C	ITY	STATE		ZIP CODE
Has the minor's total earnings ex	ceed \$2,500 oi	r is he/she ar	ticipated to exc	eed \$2,500 with	this perfor	mance?
🗆 Yes 🛛 No						
If yes, what provisions are made	for conservation	on of earning	s?			
Does the minor have a booking a	agent? 🗆 Y	′es □ No	D			
If yes, booking agent name				Telephone ()	
Booking agent address						
S	TREET	C	ITY	STATE		ZIP CODE
STATEMENT OF PARENT:	knowledge a	and belief, all atements are	statements abo	Permit, I certify t ve are true and a a. §4904 (relatin	accurate. I	understand

Attach additional sheets, if necessary). NAME OF MINOR Note: For performances or rehearsals given during school vacations, the sched following: School District where minor resides School District address Street CITY Grade completed in school If child is presently tutored instead of attending school, give name of tutor Tutor address STREET CITY Is tutor a certified teacher? Yes Number of hours of tutoring per week	Telephone ()	ZIP CODE
the following: School District where minor resides School District address STREET CITY Grade completed in school STREET CITY Grade completed in school STREET CITY Grade completed in school STREET CITY Is tutor a certified teacher? STREET CITY Is tutor a certified teacher? STREET STREET STREET CITY Statutor a certified teacher? SCHOOL OFFICIAL'S STATEMENT: To the best of my knowledge and belie outlined will not interfere with the educational instruction or school progress form. If the minor is being tutored, the official shall attest that the subjects ments are approved. SIGNATURE OF PRINCIPAL OF SCHOOL ATTENDED OR ISSUING OFFICER OF DISTRICT ADDRESS OF SCHOOL INFORMATION ABOUT THE EMPLOYMENT: (To be completed by the employ Production company name	Telephone ()	ZIP CODE
Street CITY Grade completed in school	STATE eek attending school STATE I No ef, the performances and s of the pupil named on	ZIP CODE ZIP CODE
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STREET CITY Grade completed in school	eek attending school	ZIP CODE ad rehearsals the front of this
If child is presently tutored instead of attending school, give name of tutor Tutor address STREET CITY Is tutor a certified teacher? Yes No Has the school of residence approved the subjects for tutoring? Yes Number of hours of tutoring per week SCHOOL OFFICIAL'S STATEMENT: To the best of my knowledge and belie boutlined will not interfere with the educational instruction or school progress form. If the minor is being tutored, the official shall attest that the subjects ments are approved. SIGNATURE OF PRINCIPAL OF SCHOOL ATTENDED OR ISSUING OFFICER OF DISTRICT NAME OF SCHOOL INFORMATION ABOUT THE EMPLOYMENT: (To be completed by the employ Production company name	STATE STATE No softhe performances and softhe pupil named on	ZIP CODE d rehearsals the front of this
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OR ISSUING OFFICER OF DISTRICT NAME OF SCHOOL ADDRESS OF SCHOOL INFORMATION ABOUT THE EMPLOYMENT: (To be completed by the employ Production company name		
ADDRESS OF SCHOOL INFORMATION ABOUT THE EMPLOYMENT: (To be completed by the <u>employ</u> Production company name		
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Production company name		
Production company name		
Draduction company addraca	Telephone ()	
Production company address		
STREET CITY	STATE	ZIP CODE
Name of production		
Type of production Type of performan	nce by minor	
Rehearsal date(s)		
Performance date(s) No. of performances per day		
Maximum combined rehearsal and performance time per day	Per we	
Hours at which minor reports for performances		
Describe minor's performance		
Duration of time of minor's performance		
Provide all specific location (addresses), dates, times of all filming, performa	ances and rehearsals.	

Will alcoholic beverages be dispensed to the patrons during the performance? \Box Yes \Box No

If yes, number of minors being educated:			
Will minor or any other individual associated with	production be paid for perforn	ning? 🗌 Yes	🗆 No
If yes, amount by week \$	by performance \$		
Will there be any remuneration other than money?	? 🗆 Yes 🗆 No		
If yes, please describe:			
If minor is performing away from his/her home co Transportation? Meals and	mmunity, who is responsible f lodging?	or: Education?	
	lodging?		
Transportation? Meals and	lodging?	Education?	

1.	Is the performance a part of a nationally recognized or internationally recognized circus?	🗆 Yes	🗆 No
2.	Are there appropriately trained medical professionals on site during all performance times?	🗆 Yes	🗆 No
3.	Did the minor have a physician's statement of health issued within the previous 12 months?	□ Yes	🗆 No
4.	Will there be a professional teacher available to the minor throughout the performance?	🗆 Yes	🗆 No
5.	Will the minor's performance involve a high-wire or trapeze act? \Box Yes \Box No		

STATEMENT OF EMPLOYER: In applying for the Special Performance Permit, I certify that, to the best of my knowledge and belief, all statements above are true and accurate. I understand that false statements are subject to 18 Pa. §4904 (relating to penalities for unsworn falsifications).

SIGNATURE OF EMPLOYER

Note: If Special Performance Permit is to be mailed to someone other than the employer named, mail to:

Name

Address

STREET

CITY

STATE

ZIP CODE

DATE

Will employer provide education to the minor? \Box Yes 🗆 No