



Pioneers Got Talent!

Grades 3-5

Application

Student Name:

Grade:

Homeroom Teacher:

Medical conditions to be aware of (Ex. Asthma, allergies, etc):

Guardian/Emergency Contact Name:

Relationship to student:

Phone number:

Email address:

Please select the type of act you will be auditioning:

- ☐ Dancing
- ☐ Singing
- ☐ Juggling
- ☐ Monologue

- ☐ Tumbling
- ☐ Martial Arts
- ☐ Magic
- ☐ Instrument: _____
- ☐ Other: _____

Name of the other participants in the act:

Name of the song/artist:

List of any materials you need (microphones, music stands, mats, etc.):

What will you wear? (outfit/costume):

Student Contract

**Please check each box indicating you are aware of the rules and expectations when participating in
Pioneers Got Talent. Sign your name at the bottom.**

- ☐ I will have a positive attitude and do my best while performing.
- ☐ I will respect the adults and other participants.
- ☐ I will remain in good academic standing in school in order to participate in the show (passing grades).
- ☐ I understand that repeated behavioral infractions may result in dismissal from the show.
- ☐ I understand that practices are important to a successful show. If I do not attend the dress rehearsal, I understand I may be dismissed from the talent show.
- ☐ I understand the act I audition is appropriate for school and will be the one I perform on the day of the talent show.
- ☐ I understand that my photo or video could be published on the school's website and/ or social media accounts.
- ☐ I have included a copy of the lyrics for any song that will be sung or played in my act. (Only one copy per act/group is necessary)

Parent/Guardian Authorization

I, _____, have read and agreed to all the Pioneers Got Talent Show rules. I give permission for my child, _____, to audition and participate in the show. I understand that my child must attend the dress rehearsal and that I am responsible for their transportation. I understand that because of time, a desire to have a variety of talents and groups, and grade levels represented during the showcase, not all acts will be able to participate. I understand that my child's photo or video could be published on the school's website and/or social media accounts.

Student Name _____ Student Signature _____

Guardian signature _____

Thank you for your support,
Mrs. Cooper