UBCP/ACTRA

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UBCP/ACTRA MINOR'S EMPLOYMENT

A2201(b) Written Consent by Parent or Guardian – For employment as a Performer in the Recorded Media Industry

Date of Consent: _____

Date(s) and Hours of Work:	
Minor's Information	
Full Name:	Date of Birth:
Performance Category:	Role (if applicable):
Address:	
City:	Postal Code:
Phone:	Alternate Phone:
Talent Agent:	Agent Phone:
Production Information	
Name:	
Location and Hours:	
Contact Name and Phone:	
Parent/Guardian Declaration	
□ I am the parent of this Minor. □ I am the legal guardian of this Minor.	
I have read and am familiar with the terms and conditions of the collective agreement.	
\square I agree to supervise the Minor or have a chaperone, nineteen years (19) of age or older, supervise the	
Minor at all times while the Minor is on set.	
\Box I understand that I am responsible for the Minor's well-being and safety at all times the Minor is	
working.	
I understand it is my responsibility to ensure that the Minor maintains the requirements of their educational program.	
I noted the specifics of location, hours of work and type of work.	
This is my written consent for my child to be employed as a Performer on the above referenced production.	
Name:	Signature:
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Address (if different than Minor):	
City:	Postal Code:
Phone:	Alternate Phone:

This written consent must be obtained by the production and retained as employment records. Parent/Guardian should retain a copy for own records.