

Children's Theater Audition Form

Child's Name: _____ Grade: _____ Age: _____

Date of Birth: ____/____/____ Height: _____

Parent/Guardian Names: _____ phone: _____

_____ phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

parent email(s): _____

child email (if applicable): _____

parent cell phone(s): _____ / _____

child cell phone (if applicable): _____

Emergency Contact (if parent/guardian above cannot be reached):

Name: _____ phone: _____

relationship to student: _____

Allergies/Health Concerns:

If your child has any allergies or health concerns of which we need to be aware, please list or explain them below:

Does your child regularly take any medications?

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Questions for auditioning actors:

- 1) Rehearsals will be Monday through Friday from 4:00-6:30PM at the high school annex, plus extended Tech Week rehearsals at the Alpine Playhouse the week prior to opening (for all cast members) beginning January 20. Performance dates are March 4th and 5th, and March 11th and 12th, all shows 7:00.

NOTES: Not all cast members will be called for all rehearsals -- call lists will be distributed. Some rehearsal/performance dates fall on three-day weekends (when there is no school.) During tech week, all cast members are expected to be available each day

Please list all conflicts below:

- 2) Please list any theatrical experience/training and special performance skills below (examples: singing, tumbling, improve, puppetry, etc):

- 3) Why would you like to be in this play?

- 4) If you are ten years old or older, please explain how you would strive to be a good role model to younger cast members (use back side if needed.)

Liability & Photo Release:

I assume all risks & hazards for myself and/or minor child, incidental, & including death or permanent disability, to the conduct of the activity undertaken. I do further hereby release,

absolve, indemnify, and hold harmless the MAHC, its officers, employees, representatives, & volunteers, from any & all injuries, damages, or losses, of whatever kind, nature, or amount, suffered by me or by such a minor participant at any activity sponsored, in whole or in part, by the MAHC to which this participant's registration form pertains. I understand that the MAHC provides no accident or medical insurance & that this is the participant's responsibility. I hereby also give consent for emergency medical treatment.

I agree to let the MAHC use photographs obtained during the educational program in which my child may be featured, for the purposes of promoting the mission and work of the MAHC both in print and in electronic media. I understand that in such cases, my child's name will not be attached to photos without my knowledge & express permission.

Parent Signature: _____ Date: _____