

Number

Theater Arts for Children

Audition Form



Show Name _____ Today's Date _____

Male Female

Birthdate: _____

Age: _____

Are you new to TAC? Yes No

Name _____ Phone Number _____ Height _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____

Parent Name (for children auditioning): _____

Parent Phone Number: _____ Parent Email: _____

Emergency Contact Name: _____ Phone Number: _____

Describe what you are wearing today: _____

Do you have siblings/parents auditioning? Yes No If Yes, their names are: _____

If you are auditioning with family/friends, are you willing to be cast individually? Yes No. If No, please explain: _____

Role(s) Desired _____

Will you accept any role? Yes No

Will you work backstage or part of crew? Yes No

Please list any theater experience you have. Limit it to the last three shows you were a part of:

Show	Role	Director	Theater	Year

What other classes/lessons or theater experience have you had? _____

Please list ANY conflicts you have during the rehearsal schedule (Be **VERY** specific with dates and time – check the rehearsal schedule carefully)

PARENTS/GUARDIANS/ADULT ACTORS ONLY

RELEASE FORM

Theater Arts for Children (TAC) would like to publish images from our performances including images of the cast and crew. Pictures may be published on our website, social networking sites (such as Facebook) and/or in print media for the purpose of advertising and marketing. TAC does not provide compensation for the right to use these images. **Please indicate your release from compensation and your permission to use yours and your child's picture by your signature below.**

Are there any medical conditions that we should be aware of? Please be as specific as necessary (FOR MINOR CHILD):

Are there any medications or special circumstances that we should be aware of (FOR MINOR CHILD): _____

TAC has a standing policy to provide medical attention as deemed necessary by the volunteer staff on hand. When the need outweighs the skills of those in attendance, emergency services will be called, pursuant to RCW 4.24.3000

By your signature on this document you agree that you waive liability for any accidental injury that may occur while your child is in the theater. You understand that this waiver abrogates all rights that you have to pursue litigation against the theater, board members or anyone acting on behalf of the theater for such accidents.

The theater does not provide transportation for rehearsals or shows. Any arrangements for transportation with other parents or crew of the show is a private matter and does not give rise to liability for TAC should any issue/injury arise from such arrangements.

Name _____ Phone Number: _____

SIGNATURE _____ Date: _____

Please **do not** write in the space below. THANK YOU!