

JUVENILE ROLE AUDITION SIGN UP FORM

Name: _____

Address: _____

City / Zip: _____

Age: ___ Grade: ___ School: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Eye color: _____

Height: _____

Type of part you'd like: Small ___

Medium ___

Large ___

Specific parts you'd like- _____

Parts you are unwilling to play- _____

Are you afraid of heights? _____ Do you have vertigo? _____

Indicate here what you are willing and unwilling to do with your hair to support any role you get.

List extracurricular activities you are in, the start date, the ending date, and what the normal weekly practice schedule is for each. Bring a copy of the official schedule for the director to auditions.

If you feel the director does not have enough knowledge of your past work, list roles you have played, in what shows, and for which theater groups. _____

Signature

Date

**PARENTAL PERMISSION/RELEASE/CONSENT
FORM FOR ACTIVITIES WITH KETTLE MORAINÉ PLAYERS**

Name: _____

Date of Birth: _____ Grade: _____

Parent(s)/Legal Guardian(s): _____

Primary Email: _____

Primary Phone: _____

Home Address: _____

Emergency Contact Person & Number (if different):

PARENTAL PERMISSION

I hereby give permission for named youth to participate in activities with Kettle Moraine Players. This includes all sponsored activities (including any and all activities involving auditions, rehearsals or performances) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to the safety policies at all times.

This permission shall remain in effect until further notice, unless terminated in writing.

I hereby give permission for named youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Kettle Moraine Players activities. I understand that drivers for all events must be licensed and that Kettle Moraine Players have insurance over and above that which the driver has.

In addition, I understand that my child may be photographed or recorded on video during the course of these activities. By initialing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future activities.

Initials of Parent/Guardian: _____

I certify that I am the parent or legal guardian of named youth and that I have consulted with any co-parent or guardian before signing.

Parent/Legal Guardian