
Office Use Only:

Ardmore Little Theatre Children's Audition Form

Please Print Legibly

Student Info:

Name: _____ Age: _____
 Birthdate: _____ Height: _____ Hair Color: _____ Gender: M F
 Reading Level: _____ T-Shirt Size: (Circle One) Child XS S M L Adult S M L XL XXL XXXL
 Other Siblings auditions? Y / N. If yes, names: _____
 Are there any Allergies/Medical Conditions/Special Needs that we should be aware of?

Previous Stage Experience: (It's perfectly fine if this is your first show)

Special Skills: (Dance, gymnastics, vocal training, etc) _____

Auditioning for a specific role? Yes No If so, which? _____

Will you accept other roles? Yes No Any roles that you will not accept? _____

Scheduling Conflicts: Please list below any known conflicts you will have between now and the performance dates. (Continue on separate sheet if necessary).

Parent/Guardian Info:

Name(s): _____

Phone: (Cell) _____ (Other) _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Emergency/Other Contact: Name: _____ Phone: _____

Who will be picking the student up from rehearsals? _____

How did you hear about auditions? _____

Are you interested in helping by being a group leader during rehearsals? _____

More info available at registration table for those interested.

Parent/Guardian Signature: _____ **Date:** _____

For Director/Staff Use Only:

Measurements: Chest: _____ Waist: _____ Hips: _____ Head: _____ Neck: _____

Shoulders: _____ Neck to waist: _____ Shoes: _____

Ardmore Little Theatre's Cast Requirements:

As a cast member and parent, I agree to:

- Be on time for all rehearsals.
- Be at all scheduled rehearsals, unless prearranged and approved by the Director.
- Notify the Director in advance of any absences not previously stated on my conflict list.
- Be prepared for each rehearsal with my script, pencil, dance shoes, or any other item needed at rehearsals.
- Be respectful and listen to the Director and other Ardmore Little Theatre staff.
- Refrain from being disruptive during rehearsals.
- Support fellow cast members.
- Practice my lines and choreography.
- Not bring food or drink into the auditorium. Food may be taken to the Green Room.
- Pick up after myself in the Green Room, stage areas, and auditorium.

Parent/Guardian Signature: _____ Date: _____

Student's Initials: _____

Performance Agreement

Participant's name: _____

Release of Liability and Indemnification Clause:

I, either the Participant and/or as the parent(s) and/or legal guardian(s) of said participant, understand and acknowledge that the Participant undersigned is in good health and is able to participate in the Ardmore Little Theatre theatrical production. I confirm that the health information provided on the audition form is true, complete, and accurate. I acknowledge that I am solely and fully responsible for any and all medical and/or injury related treatment and/or expenses that otherwise relate to or arise from participation in Ardmore Little Theatre activities. In consideration thereof, I agree to release, defend, indemnify, and hold harmless Ardmore Little Theatre, director, staff, volunteers, agent, landlords, and independent contractors from any and all liability known and unknown resulting or arising out of the rendering of any and all first aid, if any, and/or illness, injury, and/or death of the Participant in any Ardmore Little Theatre sponsored production or activity.

Wavier of Usage Rights:

I give my permission to Ardmore Little Theatre to use photographs, pictures, videos, and/or sound recordings taken during Ardmore Little Theatre activities, rehearsals, and/or performances which may include me or my child in promotional materials.

By signing this document, I agree to the terms and conditions of this Performance Agreement as stated.

Parent/Guardian Signature _____ Date _____