Office Use Only:

Singing: A B C D E F Spoken: A B C D E F Stage Presence: A B C D E F

Ardmore Little Theatre Children's Audition	Form
Please Print Legibly	

Dance: A B C D E F **Student Info:** Name: Age: Birthdate: Hair Color: Gender: M F Notes: School: _____ Grade: T-Shirt Size: (Circle One) Child XS S M L Adult: S M L XL XXL XXXL Other Siblings auditioning? Y / N. If yes, names: What Role(s) are you auditioning for? (Rank in order of preference, up to 3 choices): ____Cat in the Hat ____Horton the Elephant ____Gertrude McFuzz _____Mayzie La Bird Wickersham Brothers Sour Kangaroo JoJo Mr Mayor Mrs Mayor Anything with singing Dancer Anything without lines (please don't make me talk©) Any Role Other? Please list _____ 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)_____ **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:** (*PLEASE PRINT*) Name(s): Phone: (Cell) (Other) Email: Address: _____ Zip: _____ Emergency/Other Contact: Name: ______ Phone: _____ Who will be picking the student up from rehearsals? How did you hear about auditions? Parent/Guardian Signature: Date:

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:	
	e Agreement
Participant's name:	
Release of Liability and Indemnification Clause:	
I, either the Participant and/or as the parent(s) and/or legacknowledge that the Participant undersigned is in good Theatre theatrical production. I confirm that the health is complete, and accurate. I acknowledge that I am solely injury related treatment and/or expenses that otherwise Theatre activities. In consideration thereof, I agree to re Little Theatre, director, staff, volunteers, agent, landlord known and unknown resulting or arising out of the rend injury, and/or death of the Participant in any Ardmore I.	I health and is able to participate in the Ardmore Little information provided on the audition form is true, and fully responsible for any and all medical and/or relate to or arise from participation in Ardmore Little lease, defend, indemnify, and hold harmless Ardmore is, and independent contractors from any and all liability lering of any and all first aid, if any, and/or illness,
Wavier of Usage Rights:	
I give my permission to Ardmore Little Theatre to use pataken during Ardmore Little Theatre activities, rehearsa child in promotional materials.	
By signing this document, I agree to the terms and cond	litions of this Performance Agreement as stated.
Parent/Guardian Signature	Date