



AUDITIONEE INFORMATION:

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Grade: _____

School: _____

PARENT / GUARDIAN INFORMATION:

Name: _____

Relationship: Mother Father Other _____

Cell phone: (____)____-____ Home: (____)____-____

Email Address: _____

Name: _____

Relationship: Mother Father Other _____

Cell phone: (____)____-____ Home: (____)____-____

Email Address: _____

Other emergency contacts (If unable to reach above contacts)

Name: _____ Phone: (____)____-____

Name: _____ Phone: (____)____-____

Child's Medical Conditions:

Please list any medical conditions, e.g. asthma, allergies, recent injuries or illnesses, etc.

Do you wear? Glasses Contacts Neither

Lessons? Vocal Acting Dance Instrumental Other

If so, explain...how many years, which instrument, which Dance studio:

Special skills? Gym Juggling Dancing Musical Instrument

If so, explain any special skills:

Roles for audition (You may audition for **two** roles): _____ and

Why are you interested in these roles: _____

Why do you feel you should earn this/these roles: _____

Are you willing to participate as a cast member by accepting any role other than those you listed above, according to the discretion/decision of the director(s)? Yes No

**Answer this above question TRUTHFULLY. If you are NOT willing to take a "lesser" role than expected, this is your time to let your feelings be known. At NO other time will this be up for discussion. Poor attitude may result in dismissal.

Are you comfortable/able to memorize a lot of lines? Yes No

Are there any rehearsal or performance dates/times you are unable to attend?

Yes No If yes, please explain in detail:

What makes you a great cast member? How would you be an asset to the TPI Jr program? _____

List your most recent Acting and/or Performing Experience in the chart below:
 Please include any performances—dance recitals, schools plays, church performances, community theatre, band concerts, etc.

SHOW	ROLE & brief description	LOCATION

Information needed for costume sizing:

Pant size: _____ Shirt size: _____ Dress size: _____

Height: _____ in Weight: _____ lbs Hair color: _____

Chest circumference: _____ in Waist: _____ in

Nape of neck to floor: _____ in Head circumference: _____ in

CONTRACT

I understand that members of the Thibodaux Playhouse, Jr. are expected to understand all requirements as listed above and behave in a cooperative manner, and if my child or I show any unacceptable behavior to other members or adult staff or helpers, s/he and/or I will be asked to leave.

Printed (Youth/Child)

Signed *if know cursive* (Youth/Child)

Date _____

Printed (Parent)

Signed (Parent)

Date _____

Please provide names and information for anyone other than a parent indicated on the contact information page, who is allowed to drop off or pick up your child from camp and/or rehearsals.

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Phone # _____

MEDIA RELEASE FORM

In order to celebrate our Thibodaux Playhouse Jr's accomplishments and highlight and showcase our program and talented youth throughout the community, we love to post articles, photos, and video clips of rehearsals and performances on social media. Please "like" the Thibodaux Playhouse, Inc. page if you have a Facebook account. Upcoming events, photos and videos are shared on the page.

If you allow your child to appear in photos, videos, and posts on social media as well as articles for newspapers and any other mediums of media, which might include your child's name, please complete the permission slip below.

I, _____, grant permission for my child
(PRINT NAME please)

to appear in photos, videos, and posts on social media, newspaper articles, and any mediums of media associated with Thibodaux Playhouse, Inc and the

Frozen, Jr. production.

CHILD'S NAME: (Print) _____

PARENT/GUARDIAN SIGNATURE:

DATE: _____