

# INSTRUCTIONS

## FAIRY TALE THEATRE 2008 REGISTRATION AND AUDITION FORM PARENT PERMISSION & EMERGENCY INFORMATION FORM

1. Complete both the “Parent Permission & Emergency Information Form” (page 2) and the “Registration and Audition Form” (page 3) by typing in the blocks indicated. Duplicate information will automatically be entered on the remaining forms (pages 4-6). These forms may also be filled out by hand.
2. Print this file. It will print one copy of these instructions, one copy of the “Parent Permission & Emergency Information Form,” and four copies of the “Registration and Audition Form.”
3. Sign the “Parent Permission & Emergency Information Form.” Bring to the audition with you.
4. Bring all four copies of the “Registration and Audition Form” to the audition with you.

Fairy Tale Theatre 2008  
Parent Permission & Emergency Information Form

Participant's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Participant's Phone Numbers (if applicable): Work \_\_\_\_\_ Cell \_\_\_\_\_

Allergies or other physical limitations: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in Fairy Tale Theatre.

Signature (parent or guardian): \_\_\_\_\_

Emergency Contact (if parent is unavailable)

Name: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN**

Injury Waiver  
Fairy Tale Theatre

I agree not to hold the Vicksburg Theatre Guild, including its Board of Directors, Directors of Fairy Tale Theatre, and the Producers of Fairy Tale Theatre, responsible for any injuries obtained in conjunction with the auditioning and production of Fairy Tale Theatre or while on the premises of the Parkside Playhouse.

\_\_\_\_\_  
Signature/Date

I give my permission for pictures of my child to be published on the VTG and Fairy Tale Theatre web sites.

\_\_\_\_\_  
Signature/Date

**DO NOT WRITE BELOW THIS LINE**

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Play cast in \_\_\_\_\_

Part \_\_\_\_\_

**FAIRY TALE THEATRE  
REGISTRATION AND AUDITION FORM  
(PLEASE READ CAREFULLY)**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_  
(Must be 7 yrs. old) (feet & inches)

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Participant's Phone Numbers (if applicable): Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

If you must be in a play with someone for car pool purposes, please list his/her name here:

\_\_\_\_\_

*Check the time slot(s) you would prefer - please mark all that you can attend*

9:30 – 11:00 am       12:00 - 1:30 pm       3:15 – 4:45 pm       5:15 – 6:45 pm

Experience: Please list any experience you have had on stage

Fairy Tale Theatre \_\_\_\_\_

Vicksburg Theatre Guild (main stage) \_\_\_\_\_

School Play \_\_\_\_\_

Would you sing on stage?     Yes     No                      Would you dance on stage?     Yes     No

Please check the size part you are interested in:

0-10 lines       11-25 lines       26-99 lines       100-250 lines+

(You may check more than one; however, you may be offered a larger or smaller part)

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