

INSTRUCTIONS

FAIRY TALE THEATRE 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
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

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

10:30 am- noon 12:30 - 2:00 pm 3:45 - 5:15 pm 5:30 - 7:00 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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