



North of the River
recreation and park district

NOR JUNIOR THEATRE
AUDITION FORM

PLAY _____

ACTOR INFORMATION

NAME _____	E-mail Address _____
AGE _____ SEX _____	BIRTHDATE _____ HEIGHT _____' _____"
ADDRESS _____	CITY _____ ZIP _____
PHONE _____	SCHOOL _____ GRADE _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAMES(S) _____
FATHER WORK # _____ CELL # _____
MOTHER WORK # _____ CELL # _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ Email Address _____
EMERGENCY CONTACT _____ PHONE # _____

EXPERIENCE (starting with most recent)

PLAY	CHARACTER	COMPANY	DATE

ROLE PREFERENCE(S) _____

Would you like to be considered for other roles as well? Y _____ N _____

(Please turn over and complete the opposite side.)

SPECIAL ABILITIES	Describe your Skill (i.e. Vocal Range, Dance Style/Studio, Years of Training, Gymnastic/Tumbling Skills, Instrument played, and any other unique talents you may have).
SINGING	
DANCING	
MUSICAL INSTRUMENT	
DO YOU READ MUSIC	
GYMNASTICS/OTHER	

CONFLICTS *(The rehearsal schedule is Mon-Thur, 6:00-8:00 PM, with the possibility of a few Saturdays. Please note any conflicts by placing an "X" where you are unavailable for rehearsal. To be considered for a lead role, you should be available for all scheduled rehearsals. All conflicts, not herein listed, must be cleared with the director.)*

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY List Conflicts
5:30-6:00 PM					
6:00-6:30 PM					
6:30-7:00 PM					
7:00-7:30 PM					
7:30-8:00 PM					

Please list any specific conflicts by date that you are aware of: _____

EMERGENCY MEDICAL INFORMATION

For the safety and protection of your child, we would like to be aware of any safety/health issues that may arise during our time with them. This will not keep your child from participating in Junior Theatre. However, you may be asked to provide supervision for your child during rehearsals and/or performances should it become necessary.

Does your child have any of the following issues we should be aware of to help your child be successful at rehearsal:

Yes ____ No ____ Decline to Answer ____
 (Information supplied will be kept confidential.)

ADHD/ADD ____ Autism/Communication ____ Asthma ____ Heart Issues ____

Social Anxiety Disorder ____ Auto Immune Disorder ____ Allergies: _____

Diabetes (type) ____ Bladder Control ____ Sight/Speech/Hearing ____ Other Challenges: _____

Should an issue arise, please list any medications your child is taking or ways we may help them until you are located.

