



Audition Form

STUDENT NAME _____ GRADE _____ Height _____

Check one:

___ My child does not have a sibling in the show

___ My child does have a sibling in the show. His/her name is _____

Check if applicable:

___ My child has permission to walk home/to an after school program after rehearsal.

_____ Parent Signature

Late Pick Up Policy (Signature required, child will not be cast if this is not signed):

Starting Arts instructors are unable to supervise students before and after the agreed upon rehearsal/class time. Please indicate that you understand the following policy or your child will not be allowed to participate in this program.

-Students must be picked up promptly at the end of rehearsal/class

-You will be charged \$1 for every minute past the intended end time of rehearsal

-If you are charged for late pick up, the payment must be delivered to the director by the following rehearsal or your child will be dropped from the program and no refund will be given.

Agreement: I understand the Starting Arts Late Pick-Up Policy. Please sign even if you have given permission (above) for your child to leave rehearsal on their own.

_____ Parent Signature

LIST YOUR THEATRE EXPERIENCE:

SPECIAL INTERESTS or TALENTS (*Do you sing? Dance? Juggle?*)

What size part are you comfortable with? Small Medium Big