AUDITION FORM NEWSIES JR

Audition #
entered by AATI staff

		Performer Age:			
Height:	Hair Color:	Eye Color:			
Cell Phone #: E-mail Address: Home Address:	Other	Phone #:			
Vocal Range/Type:					
Type of roles you would lil ACTING SINGI	· · · · · · · · · · · · · · · · · · ·	cle all that apply): ACROBATICS/TUMBLING			
Would you accept an Ense					
	•				
Special Skills (list any special talents that may benefit this production):					
NEWSIES Jr Rehearsal Schedule Weekly Rehearsals: Starting March 20 – Mon/Thurs. (6:45pm), Sunday (2pm) Possible additional rehearsals (depending on cast availability): March 24 - April 9 Tech/Dress Rehearsals (required): April 28-May 3 Performances: May 4-7 Cast members will not be required to attend every rehearsal.					
CONFLICTS - List ALL Conflicts in detail. List dates & full time frames for each conflict. We will try and work around your conflicts as much as possible, but you must list ALL conflicts in order for us to do so! Conflicts with tech week & performance dates will not be permitted.					
-List conflicts with Mon/Thurs	evenings & Sun. afterno evenings every day in th	is time frame: March 24-April 9			

Conflicts (continued):				
EMERGENCY CON	TACT:			
Name:		Relationship		
Cell #:	Home Phone #:	r	Work #:	
WAIVER AND REI	LEASE			
staff to call a persorecognize the risks. Participating in the agreement and uncand all teaching staincluding attorney participation in AM performances, and program given or stresulting from. I he	on listed above, and an a s of injury inherent in an e AND ALL THAT JAZZ! p derstanding that I am w aff from any and all clair	mbulance, in the sy theatre or dar program is depe aiving and releans, costs, liabiliterein collectively tions, instructionand all participal and all participal demnify and ho	indent upon the express sing AND ALL THAT JAZZ!, ies, expenses, judgments, y "claims") arising out of onal programs, ation in any event or any illness or injury	
	ion for AND ALL THAT J nts in the studio or durin		photos or videography for promotional or other	
the same househol	ld do not have any symp e to contact AND ALL TH	toms of illness (an and all others living in for COVID-19 or fany symptoms of illness	
Parent Signature	:		Date	