

## OPPA! R and J Audition Form

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

List the Roles you would like to be conisered for: \_\_\_\_\_

If you are not cast in the above role(s), will you accept any role: \_\_\_\_\_

I must be: (choose ONLY one) SINGLE CAST \_\_\_\_ DOUBLE CAST \_\_\_\_ NO PREFERENCE \_\_\_\_

How did you learn of this audition: (newspaper/radio/website/flyer/friend, etc.): \_\_\_\_\_

Previous theatre/singing experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills or Talents (dancing, singing, musical instrument, etc.): \_\_\_\_\_

\_\_\_\_\_

Would you be interested (cast or not cast) to help with: (Circle all that apply)

Costumes

Props

Sets

Music

Box Office

Concessions

Marketing

Childrens Classes

Backstage

What is your favorite Movie? \_\_\_\_\_

What Ice Cream Flavor best describes your Personality? \_\_\_\_\_

What is your most used EMOJI? \_\_\_\_\_

What is your dream Broadway Musical Role? \_\_\_\_\_

Do you like Fall or Spring? \_\_\_\_\_

What is the perfect date? \_\_\_\_\_

**Injuries/Assumption of Risk:** Participation at On Pitch Performing arts and OPPAC in any way is voluntary. The participant recognizes that theatre is not without risk of physical injury and the participant fully assumes such risk, including paying for any and all medical treatment

**Photo Release:** I, the undersigned, do hereby consent and agree that On Pitch Performing Arts and OPPAC, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, exclusively for the purpose of OPPAC. I further consent that my child’s name may be revealed therein or by descriptive text or commentary.

I grant permission for photographs of my child to be used in the formats indicated above, and have read and understand the Injuries/Assumption of Risk policy:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (parent/guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

CONFLICT CALENDAR

Please X through **all** dates that you HAVE A CONFLICT WITH:

March						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						