

Fields collected on Registration Form as of 11/9

Performer:

First Name, Last Name, Birthdate, Grade, Height, T-Shirt Size, Eye Color, Hair Color, Gender, Vocal Range, Lowest & Highest Note in Range, Audition Song, Roles you would consider, Will you accept any role?, Ensemble Only?, Performance History, Vocal Training, Dance Training, Do you have any other talents?

Primary Parent/Guardian:

First Name, Last Name, Cell Phone (xxx-xxx-xxxx), Email, Facebook Username

Other Parent/Guardian:

First Name, Last Name, Cell Phone (xxx-xxx-xxxx), Email, Facebook Username

Conflict Guidelines and Attendance Policies: Parent / Guardian Signature

Photo, Video, and Voice Waiver: Parent / Guardian Signature

COVID Participant Waiver: Parent / Guardian Signature

Medical Care and Notes:

Medical Insurance Carrier, Policy or Group #, Medical Carrier Phone Number, Doctor Name, Doctor Phone Number, Dentist Name, Dentist Phone Number, Permission to administer care: Yes/No, Medications, Allergies, Anything else?

Demographic Information

Conflict Calendar