



Audition Number
Please leave this
space blank



Audition Form

for a child

BASIC DETAILS

Full Name of Child:			Age:	
Full Name of Parent/Guardian:				
Postal Address:				
Home Telephone:		Post Code:		
Mobile Telephone:		Email Address:		

AUDITIONING FOR THE FOLLOWING ROLE(S) *(please mark any that apply)*

Young Kipps	<input type="checkbox"/>	Young Ann	<input type="checkbox"/>
-------------	--------------------------	-----------	--------------------------

EMERGENCY CONTACT DETAILS *(please use contacts other than both parents if possible)*

Full Name:		Full Name:	
Relationship to Child:		Relationship to Child:	
Contact Number:		Contact Number:	

SPECIAL INFORMATION

Does your child have any allergies?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<i>(please mark relevant answer)</i>
If yes, please give details:					

SPECIAL INFORMATION (continued)

Does your child need to take regular medication? If yes, please give details:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(please mark relevant answer)
Is there any other information we should know to help us support your child? e.g. special needs, phobias, conditions, nickname, etc. If yes, please give details:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(please mark relevant answer)

SCHOOL ATTENDANCE

Do you intend to take your child out of school during the rehearsal period?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(please mark relevant answer)
Do you intend to take your child out of school during the week of the show?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(please mark relevant answer)
N.B. if you change your mind, please let us know before 6th January 2018					

PERFORMANCES

Will your child have performed on more than 3 days in the six months leading up to 7 th March 2018?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	(please mark relevant answer)
----------------------------------------------------------------------------------------------------------------	-----	--------------------------	----	--------------------------	-------------------------------

DATES UNAVAILABLE TO REHEARSE

Please list any dates (including involvement in shows with other companies, holidays, etc.) when your child will be unavailable to rehearse.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONSENT

I (<i>insert your name</i>)		give permission for my child to take part in the audition process for KIPPS and, if successful in obtaining a role, to take part in rehearsals and performances as required.	
Relationship to Child:	<input type="text"/>	Date: <input type="text"/>	
Signed:	<input type="text"/>		