



# AUDITION FORM

Please bring the completed Audition Form with you to auditions. There are no fees associated with auditions. Upon release of the cast list, registration fees will be applied to accounts and payment will be due.

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent/Guardian Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What specific roles are you interested in?

Would you accept another role if offered? YES NO

Do you have any commitments that could interfere with rehearsals or show dates? If so, please explain.

The Byron Park District does its best to accommodate those individuals with special needs. If you need any special assistance with a program/activity, please check this box and we will contact you and will do our best to assist you.

### WAIVER AND RELEASE OF ALL CLAIMS

In consideration of me (or my minor child/ward) being allowed to enroll in this program(s), I hereby personally assume all risks in connection with this program(s) and release the instructors, supervisors, owners, Byron Park District and the Byron CUSD #226 for any injury, damage or loss and from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation. I understand that on occasion, the Park District staff may take photos of participants enrolled in activities/ programs and am aware that these photos are for Park District use only and may be used in future marketing tools (ie. brochures, fliers, website). I have read, fully understand and accept the details, waiver and release of all claims above.

\_\_\_\_\_  
Signature of participant or parent/guardian (This waiver must be signed by adults 18 years or older) Date: \_\_\_/\_\_\_/\_\_\_