



# Junior Acting Company Application

(Fill Out One Form For Each Student. No Area Should Be Left Blank)  
(Fees include a non-refundable \$35.00)

<b>NAME</b>	<b>GRADE</b>	<b>AGE</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>
<b>EMAIL (THIS IS HOW WE WILL DO MOST OF OUR COMMUNICATION)</b>	<b>CELL PHONE/HOME PHONE</b>	
<b>PARENT/GUARDIAN NAME</b>	<b>EMERGENCY CONTACT NAME / PHONE</b>	

<b>DOCTOR'S NAME</b>	<b>DOCTOR'S PHONE</b>
<b>DESIGNATED HOSPITAL</b>	
<b>LIST ANY OF THIS STUDENT'S ALLERGIES OR MEDICAL CONDITIONS</b>	

Should this student require medical attention during a class or rehearsal, we will attempt to contact you immediately using the numbers provided. However, in the event of a medical emergency and we are unable to reach you, your signature below authorizes Victoria Community Theatre, Inc. to obtain medical care for this student.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

The Junior Company includes performers in grades 6-12

The company meets September - May

Tuesdays, 5:00-7:00pm & Sundays (except for Sept. & Jan.), 3:00-6:00pm

Has the student previously participated with Theatre Victoria's School of Performing Arts? **Yes or No**

If no, please submit a resume of previous experience.

*Your signature below authorizes Theatre Victoria permission to use, print, or publish this student's photograph for promotional and educational purposes.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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