

"Eclipse Dead Ringer Auditions"

Applicant Information

Auditioning for the role of: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP _____

DOB: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Education

School: _____ Years Attended: _____

References

Name: _____ Phone #: _____

Name: _____ Phone #: _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

I (name of parent/guardian) _____,
grant permission for my child, _____,
(participant's name), to participate in _____
(Program/Activity) on _____ (Date) at _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent), _____, my child named herein, or our heirs, successors, and assigns and defend the Edith Bishel Center for the Blind and Visually Impaired or any representative associated with the schedule activity unless the parties involved were careless and negligent.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth)

Date