



YAZZY REGISTRATION FORM



You may bring this completed registration form to your audition or mail the form to: Theatre of the Performing Arts of Shreveport, 4005 Lakeshore Drive, Shreveport, LA 71109 or fax the form to (318) 525-0720. Please visit our Web site at: www.tpaarts.org for audition information, or call 525-0740 or 621-8914 for more information.

Participant's Name \_\_\_\_\_ Male  Female

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant's Email (optional) \_\_\_\_\_

Parent (s)/ Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_
Email (optional) \_\_\_\_\_

Parent (s)/ Guardian: Please list any health conditions about your child that the Theatre of the Performing Arts of Shreveport should be aware of:

In case of emergency please notify:
Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your child ever participated in a Theatre of the Performing Arts Programs? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, which program(s) or play(s) \_\_\_\_\_

In which areas did your child participate? (Mark all that apply)
Acting \_\_\_\_\_ Dancing \_\_\_\_\_ Singing \_\_\_\_\_ Instrumental music \_\_\_\_\_ Visual Arts \_\_\_\_\_
Photography \_\_\_\_\_ Poetry or Creative Writing \_\_\_\_\_ Lighting or Stage Production \_\_\_\_\_ Other \_\_\_\_\_

List any other past experiences, or skills, in visual and performing arts (Write on back of form, if necessary):

In this year's Theatre of the Performing Arts programs I would like to participate in the following: (Please select your 1st, 2nd, and 3rd choices by writing in the numbers 1, 2, and 3.)

Acting \_\_\_\_\_ Dance \_\_\_\_\_ Singing/ Choral Music \_\_\_\_\_ Instrumental Music \_\_\_\_\_ Visual Art \_\_\_\_\_
Photography \_\_\_\_\_ Poetry/ Creative Writing \_\_\_\_\_ Stage Production \_\_\_\_\_

My signature grants permission for my child to participate in Theatre of the Performing Arts of Shreveport cultural arts programs, including, but not limited to, auditions. I further authorize the use of my child's image or likeness in any form of printed, electronic, video, and audio materials in connection with Theatre of the Performing Arts of Shreveport programs.

Parent/ Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_