

**Voorhees Middle School Drama Club - Audition and Permission Form**

**Please return to Ms. Keith (D-10) or at the orientation meeting by September 21 in the theater.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher and Room Number: \_\_\_\_\_

**Auditioning/Applying for (check all that apply):**

\_\_\_\_\_ Cast/Ensemble                      \_\_\_\_\_ Tech Crew

**\*You must also complete the online audition form on the Drama Club website.\***

\_\_\_\_\_ (child's name) has my permission to attend after school meetings from 2:50- 4:10.

My child will be getting home by (check applicable):

\_\_\_\_\_ 4:10 late bus

\_\_\_\_\_ 4:10 pick up/Walker- **Rides must be at VMS by 4:05.**

Per VMS policy, if your child is not picked up by 4:10, they will be sent home on the late bus.

Some students will be expected to stay until 5:30 on selected dates. Please check the calendar for details.

Late buses will not be provided for 5:30 rehearsals. You must pick up your child at 5:30 on these days.

**Please initial next to all mandatory rehearsal dates to confirm your child's attendance at all mandatory rehearsals and performances. If your child is unable to attend any below dates, please note on the "conflicts" line below and reason for the conflict.**

Student Initials	Parent Initials	Mandatory Rehearsal	Student Initials	Parent Initials	Mandatory Show
		Feb. 24th 12-5pm			Mar. 8th 5-9:30pm
		Feb. 25th 12-5pm			Mar. 9th 11-3:30pm
		Mar. 2nd 12-5pm			Mar. 9th 5-9:30pm
		Mar. 3rd 12-5pm			Mar. 10th 1-5:30pm

**Conflicts:**

**By signing this form, I acknowledge receiving notice of and agreeing to the rehearsal schedule. I understand that my child MUST attend ALL mandatory rehearsals and performances. I grant permission for my child's image to be published in newspapers, video, the internet, and the Drama Club official social media sites.**

\_\_\_\_\_  
Parent Signature

For Director Use ONLY

Mem \_\_\_\_\_

Overa \_\_\_\_\_

Artic \_\_\_\_\_

Sing \_\_\_\_\_

**HEALTH INFORMATION**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| Does your child have Asthma?                        | Yes | No |
| Does your child have Diabetes?                      | Yes | No |
| Does your child have Epilepsy/Seizures?             | Yes | No |
| Does your child have a Heart Condition?             | Yes | No |
| Does your child have any Allergies?                 | Yes | No |
| Is an Epinephrine Auto Injector kept in school?     | Yes | No |
| Has your child suffered a Concussion?               | Yes | No |
| Does your child take medication on a regular basis? | Yes | No |

Name of medication(s): \_\_\_\_\_

Does your child have any other medical conditions that our staff should be made aware of Yes No

If yes was indicated please explain below:

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Does your child have health insurance? Yes No

If yes, name of insurance company: \_\_\_\_\_

*Written consent required pursuant to 20 USC 1232g (b) (1) and 34 CFR 99.30 (b).*

I understand that the above relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)

In case of an emergency, I give permission to have my child treated at the nearest hospital.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)