

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

**Please return to Ms. Keith (A-17) or at the orientation meeting by September 20 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. I grant permission for my child's image to be published in newspapers, video, the Internet, and the Drama Club official social media sites.

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

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

\_\_\_\_\_ 4:10 pick up- 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 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.

**MANDATORY REHEARSALS are February 25, 26, and March 4, 5, 2022. MANDATORY PERFORMANCES are March 10, 11, and 12, 2022.**

**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 \_\_\_\_\_

Block \_\_\_\_\_

Pres \_\_\_\_\_

Dance \_\_\_\_\_

**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 emergency, I give permission to have my child treated at the nearest hospital.

\_\_\_\_\_

(Parent or Guardian Signature) (Date)