

“PUFFS” Audition Application/Emergency Form

For ages 14 to 20

(Please print and sign this form)

Child's Name _____ DOB _____ Age _____

Parent / Guardian _____ Phone _____

E-Mail Address _____

Parent/Guardian EMail Address _____

Address _____

City/Town _____ Zip Code _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List any special information that would be helpful for us to know concerning your child's health and/or needs (physical/emotional) including allergies.

How did you hear about this program/audition at The Company Theatre?

- Newspaper Email newsletter Magazine Social media
 Website Word of mouth At the theatre A friend

Waiver of Liability

Upon signing this agreement, you do hereby remit, release and forever discharge The Company Theatre, The Academy of the Company Theatre, their successors and assigns of and from all actions, causes of action, suits, damages and any and all claims, demands, and liabilities whatsoever, of every name and nature, both in law and equity, which the undersigned may have, arising from any act, action, accident, or event resulting in injury or damage to the person or the undersigned.

Parent /Guardian Signature _____

~ Please Note ~

To audition, candidates must bring this completed & signed form.

Tuition for the classes and production is \$425 per student.

The Company Theatre, 30 Accord Park Drive, Norwell, MA 02061

PLEASE LIST ANY CONFLICTS BELOW

2021 AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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2021 SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

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2021 OCTOBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						