



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 it to 318-621-8914. Please visit our Web site at: www.tpaarts.org for audition information, or call 525-0740 or 621-8914 for more information.

Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

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

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

Home Phone \_\_\_\_\_ Email (optional): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

List any health conditions or concerns about your child that we should be aware of:

In case of an emergency please notify:

Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your child ever participated in a Theatre of the Performing Arts' Yazzy program? No  Yes

List any other past experiences, or skills, in visual and performing arts:

\_\_\_\_\_

\_\_\_\_\_

Mark your child's 1st and 2nd choice of classes to participate in.

\_\_\_ Theater \_\_\_ Dance \_\_\_ Voice \_\_\_ Instrumental Music \_\_\_ Visual Arts

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 \_\_\_\_\_