



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. Please visit our website at: www.tpaarts.org for audition information or call 525-0740 or 318-584-1610 for more information.

PLEASE PRINT

Name _____ Age _____ Male Female

Grade _____ School _____ Date of Birth _____

Address _____ City/State _____ Zip Code _____

Contact #: _____ Email: _____

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: _____ Contact #: _____

Has your child participated in a Yazzy production? Yes No

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

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

- ___ Theater/Stage Management ___ Dance ___Voice
- ___ Instrumental Music (students do not rotate/only choice) ___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 _____