

Parental/ Guardian Consent Form

Parent /Guardian Name:_____

Parent/Guardian Email:_____

Parent/Guardian Telephone/Cell_____

I consent to have my son/daughter/ward_____ send their information, resume, headshot, (headshot and resumes if available, not required) as well as their electronic audition to be reviewed for the purpose of possible casting in this production. I understand that submitting my child's information is **not** a promise of hiring, casting or a contractual agreement in this or any other production affiliated with NLG.

I understand that if my child is selected for additional call backs, that it will be a multi- audition process consisting of self-taped auditions, group auditions as well as in-person auditions. I agree to accompany my child to in-person auditions as needed.

I understand that if my child is cast in the production it will be a **non-paid role**.

Full Name:_____

Signature:_____

Date:_____

Deadline for Self-Tapes: July 30th, 2021

***VIDEO SUBMISSIONS WILL NOT BE VIEWED UNLESS THE PARENTAL RELEASE FORM IS ATTACHED.**

Please be sure to review each form carefully to ensure the information given is correct. Questions can be sent to nlgauditions@gmail.com. *(Parents, please review the information carefully before emailing any questions.)*

ACTOR INFORMATION FORM

Full Name: _____

Age: _____

Date of Birth _____

Grade: _____

Height: _____

Parent's Name: _____

Parent's Email: _____

Parent's Cell Number: _____

[continued]

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Experience: What type of acting experience does your child have? Have they performed in school, community or church plays? If so, please tell us below.

Special Skills: Does your child speak any languages or have any other talents such as singing, dancing, martial arts, gymnastics, etc.?

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