

D.E.F.T. Theatre Arts group

ACTOR APPLICATION

Actor's Name _____ Phone _____

Home Address _____

Sex ____ School/ Work _____ Grade in Fall ____

DOB _____

If the actor is an adult, please fill out the appropriate information. Thank you!

****You may include a recent photograph!****

Parent's or Guardian's Name _____

Email _____ Day Phone _____ Night Phone _____

Contact Other than Parent _____ Phone _____

Will the actor be attending class alone or with a personal assistant? ____ Yes ____ No

Activities Actor Enjoys: _____

How does the disability impact him or her? _____

Does your child use/have any of the following (check all that apply)

____ Wheelchair ____ Crutches ____ Walker ____ Braces ____ Communication Device

Has your child/adult ever been suspended or expelled from school/ work due to physical or behaviors challenges (e.g. hitting, kicking, biting, bullying, etc) ____ Yes ____ No

If yes, please explain: _____

This application does not ensure you will be attending D.E.F.T. Theatre Arts

How does the actor make his/her needs known? If your child/ adult is non-verbal, how do you communicate with him/her? _____

Personal Care Needs: _____

Food Allergies: _____

Other Information we should know about your child/ adult (Please feel free to attach an additional sheet, if needed.):

Edibility Requirements for Actors:

- ☐ Must be able to work in a group setting of 12 - 15 people
- ☐ Ability to follow program rules, converse with others in a respectful manner, respect personal space of others, and leave cell phone stowed away.
- ☐ maintain personal care needs independently
- ☐ Able to understand basic communication
- ☐ Demonstrate basic social skills, interact with peers

_____ (Actor initials here) **I agree to support the group and its members by helping, and following the group rules.**

If the Actor needs help in any of the above areas, a family member or one-on-one worker is welcome to attend with them at no charge.

Pledge:

_____ has my permission to attend DEFT Theatre-Arts program at Dr. Wesley Grant Southside Center.

I understand it costs \$100 to attend DEFT Theatre-Arts groups as an actor. (cash, or check made out to "**Daydreamz project**")

_____ (please initial) This fee does not cover all costs, and group members pledge to help the production by bringing supplies & materials, plus props or costume pieces they may have at home. Also, attendance at monthly group outing is Strongly recommended.

- *Work-trade/ partial scholarships may be available for individual who need them. Please speak to Starr T. for information, at 828-550-6564.*

Photo Release:

I ____ do ____ do not give permission for my child to be photographed/ videotaped for non-commercial purposes.

Parent/Guardian Signature

Date