



## COLOR GUARD AUDITION APPLICATION

Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:    M    F    Date of Birth: \_\_\_\_\_

Grade Level in School as of Fall 2016:    9    10    11    12

Home Phone: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Phone: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

1. Do you have any past color guard, dance, drill team, or twirler experience?

\_\_\_\_\_

How many years? \_\_\_\_\_

2. Will you have transportation to rehearsals and performances? \_\_\_\_\_

3. Do you have a job? \_\_\_\_\_ If so, will your employer be flexible with your rehearsal and performance schedule? \_\_\_\_\_

4. Are you involved in any other extra-curricular activities? \_\_\_\_\_  
If so, please list the activities and any leadership positions held.

\_\_\_\_\_  
\_\_\_\_\_

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5. Have you signed up for the color guard class? \_\_\_\_\_  
If not, are you willing to drop an elective class for color guard? \_\_\_\_\_

6. Do you have any special medical concerns? (knees, wrist, ankle, diabetes, allergies, asthma, recent surgery, etc.) You must be completely honest and truthful regarding any medical issues.

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Permission to Audition

\_\_\_\_\_ and I have discussed the responsibilities of being a member of the HIS color guard and band program. We understand the time commitment, estimated cost of the activity, and member duties. I, as a parent, understand the obligations of my child being a member of the IHS color guard and will support my child in this endeavor. I give my child permission to audition for the IHS color guard.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_



Knights  
Color Guard