

REGISTRATION



All information supplied will remain confidential and is for use in assisting casting purposes only. Please help by printing clearly, and by completing all information as accurately as possible. If you have any questions, ask for assistance.

INITIAL INFORMATION

First Name

Last Name

Date of Birth (day/month/year)

Social Insurance Number

CONTACT INFORMATION

Phone numbers

Address

Home

Street

Cell

City

E-mail

Postal Code

VITALS

Ethnicity (please circle the one)

Asian	African American	Caucasian	East Indian	Filipino
First Nations	First Nations	Hispanic	Middle Eastern	Pacific Islander

Hair (circle one)

Auburn	Bald	Black	Blonde	Brown
Grey	Red	Dark Blonde	Other: _____	

Eyes (circle one)

Blue	Blue/green	Brown	Green	Hazel
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Height:

Weight:

HEALTH (If Applicable)

Medical alert, allergies, medications etc. (give details, if applicable)

LIMITATIONS (If Applicable) *Although it may not always be possible to avoid unpleasant conditions on every set, the following information may assist us when we receive advance warnings of specific work conditions. Circle the areas that may be seriously problematic.*

Large crowds	Firearms	Violent content	Smoke (effects)	Water (lakes, rivers, ocean)
Heights	Explosives	Closed-in places	Prosthetic	Snakes
Reptiles	Water (pools)	Fire	Racial content	Strenuous activities
Domestic animals (pets)	Livestock	Wild animals	Extreme cold	Extreme heat

PHYSICAL TRAITS (If Applicable)

Afro	Body piercings	Dentures	Dreadlocks	Eye glasses
Facial scars	Tattoos	Twin or triplet	Prosthetic limb	Other:

_____ Location of piercings (if applicable)

_____ Location/Description of tattoos (if applicable)

PETS

Type:	Breed:	Special Traits: