



FOR CDT TO COMPLETE

Audition Fee \_\_\_\_\_  
 Cash/Check# \_\_\_\_\_  
 Web Pmnt. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Scholarship \_\_\_\_\_  
 Membership Fee \_\_\_\_\_  
 Cash/Check# \_\_\_\_\_  
 Web Pmnt. \_\_\_\_\_  
 Date \_\_\_\_\_

# Children's Dance Theatre

124 W. 10<sup>th</sup> Street  
 Tracy, CA 95376  
 Phone (209) 830-9296  
 Email [cdtofracy@gmail.com](mailto:cdtofracy@gmail.com)  
[www.cdtofracy.com](http://www.cdtofracy.com)

## Cast Member Application

CDT MISSION STATEMENT: Children's Dance Theatre nurtures and celebrates creativity by promoting education through the arts not only for its members but also throughout the community.

Welcome and thank you for auditioning for the 2024 Winter production! Our Winter production this year will run from August-December of 2024. To ensure a complete and clear understanding of the expectations and commitment level CDT requires of its members, please read, sign and **return the CDT application on the day of auditions**. Most, if not all, correspondence/information will be done through email or app BAND. If you do not have access to email, please note that it is your responsibility to obtain information by checking the CDT board at the back of the dance studio. Efforts will be made to publish important CDT news on the CDT Bulletin Board in the back of Studio 1, on the CDT website: [www.cdtofracy.com](http://www.cdtofracy.com) and on the CDT Facebook page: [www.facebook.com/cdtofracy](http://www.facebook.com/cdtofracy). Make sure and follow us on Instagram @cdtofracy.com

### PERMISSION TO PHOTOGRAPH, VIDEOTAPE, OR INTERVIEW

Parent must check one:

Yes, I hereby give permission for my child/children

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_  
 (Dancer's Name: first and last) (Dancer's Name: first and last) (Dancer's Name: first and last)  
 to be photographed, videotaped and/or interviewed for use by Children's Dance Theatre in any production DVDs, programs, promotional materials or on social websites.

No, I refuse permission for child/children

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_  
 (Dancer's name: first and last) (Dancer's name: first and last) (Dancer's name: first and last)  
 to be photographed, videotaped and/or interviewed for use by Children's Dance Theatre in any production DVDs, programs, promotional materials or on social websites.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

## Cast Member Information

### First Cast Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

**Any commitments outside of CDT that could interfere with rehearsals/performances?**

\_\_\_\_\_ No \_\_\_\_\_ Yes (If "yes", please list each activity below):

\_\_\_\_\_

### Second Cast Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

**Any commitments outside of CDT that could interfere with rehearsals/performances?**

\_\_\_\_\_ No \_\_\_\_\_ Yes (If "yes", please list each activity below):

\_\_\_\_\_

### Third Cast Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

**Any commitments outside of CDT that could interfere with rehearsals/performances?**

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please list each activity below)

If "yes", please list each activity below: \_\_\_\_\_

## Emergency Contacts

**Parent/Guardian Information:** (Correspondence sent to this address/email address. Please print clearly.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

Phone no.: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Email: \_\_\_\_\_

**In Case of Emergency (in addition to above). This info is very important; please take time to properly complete.**

Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **Medical Information**

Doctor: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan no.: \_\_\_\_\_

## Cast Member Requirements

### CAST MEMBER REQUIREMENTS

- CDT members must be team players. They must have the ability to be considerate and helpful to other company members. A positive attitude is a must.
- Must be studying 2 hours of dance/acro per week, not including their work in CDT. **One hour of study MUST be in the discipline of ballet**, during the CDT production season. If the required classes are not at APA, proof of enrollment must be provided.
- Must attend ALL scheduled rehearsals for given roles. Rehearsals may be scheduled for any day of the week, including Saturday and Sunday. Absences negatively impact the choreography of the scene and are very disruptive to the choreographers and cast.
- Must make arrangements to learn new choreography from fellow dancers when absent.
- **Dancer agrees to adhere to ALL CDT Rehearsal & Performance Uniform requirements.**

(Initial on lines)

----- I understand the importance of my dancer attending scheduled rehearsals. I also understand that my dancer may be cast in multiple roles, which will result in different rehearsal schedules for each casting part.

----- I further understand that changes to the previously published rehearsal schedule may need to be made due to the artistic director's discretion, based on how quickly a particular group of dancers is learning the choreography, the need to make changes to the choreography, etc.

----- I agree to ensure my dancer attends all scheduled rehearsals for their given roles and understands only 3 absences are permitted. If the dancer has missed more than 3 rehearsals or too many for one part, they may lose that part.

### REHEARSAL UNIFORM REQUIREMENTS

- Female Dancers: CDT issued required leotard, required tights, optional black shorts or ballet skirt. If a sports bra is worn it must be a plain black sports bra. Hair must be worn in a low bun with a plain hair net, secured with bobby pins, and all strays slicked back.
- Male Dancers: CDT issued required white performance tee, and required black pants, or plain black athletic shorts of dancers choosing.

----- I understand that it is my responsibility to purchase the required CDT issued **Rehearsal Uniform** for my dancer to wear at all rehearsals for CDT. Orders are to be placed online at [cdtofracy.com](http://cdtofracy.com) after Casting Auditions 8/11/24. Order deadline is 9/1/24

## PERFORMANCE UNIFORM REQUIREMENTS

- Female dancers: CDT issued required nude leotard, and CDT issued required tights. Hair must be worn in a low bun with a plain hair net, secured with bobby pins, and all strays and bangs slicked back.
- Male dancers must wear the CDT issued required undershirt and undershorts.

----- I understand that it is my responsibility to provide appropriate shoes for my dancer based on roles cast in the performance prior to Dress Rehearsal. I further understand that I may be required to provide my dancer with multiple pairs of shoes in different colors, *i.e., black jazz boots/black ballet slippers, and/or pink ballet slippers, etc.*

----- I understand that it is my responsibility to purchase the required CDT issued **Performance Uniform** for my dancer to be worn at all performances for CDT. Orders are to be placed online at [cdtofttracy.com](http://cdtofttracy.com) Order Deadline is 11/1/24

## Acknowledgments, Agreements & Fees

### PARENT REQUIREMENTS

All parents are expected to comply with requests from CDT Artistic Director, Board Members, and include the following:

- Read and sign all contract documents. **Application is due at Casting Audition.**
- Pay tuition on time per contract dates. Payment by Check, Cash or online via [cdtofracy.com](http://cdtofracy.com)
- Complete dancer "Bio" information requested for programs.
- Comply with requests from costuming department including attending all fittings as requested.
- Acknowledge that the CDT board is comprised of volunteers who are striving to assist with the coordination and production of the shows, which includes acting as the liaison between the Director/Choreographers and Members of CDT.
- **Volunteer a minimum of 10 hours per family, per production (20 per season).** If you are unable to volunteer, you may choose a "buy out" option by making a \$250 donation to CDT for each production (\$500 per year).
  - You will be responsible for tracking your hours using the form provided in the Parent Packet. You must have a board member sign off at the time of volunteering. You will turn these in by the end of the performances.
  - You will be billed for the hours you did not complete, at a rate of \$25 per hour.
- Additional expectations or requirements may apply as necessary.

### FEES AND PAYMENTS

- **Each Production Membership/Costume fee is \$285/single dancer, \$365/2 dancers, \$445/family of 3 or more.**
- **Children with special needs production membership/costume fee is \$100**
- **Membership and costume fees are due on or before September 1, 2024, no exceptions.** These fees are nonrefundable.
- **Late fee of \$25** will be added to membership fees not paid by September 1, 2024.
- **Casting Audition fee is \$15 per dancer.** This fee is nonrefundable.

----- Initial to acknowledge/accept above fee schedule, late fees and volunteer hours.

### CDT CAST MEMBER AND PARENTAL AGREEMENT FOR THE 2024 PERFORMING SEASON

I have read and understand the above conditions/commitments required by the Children's Dance Theatre. I comply with the requirements set forth by CDT and will represent CDT with commitment and pride.

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CDT Parent Signature

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Date

*Please Note: CDT Membership and Costume Fees aren't associated with APA. APA is a privately owned and operated business. CDT is a separate non-profit organization affiliated with APA. CDT fees cover costuming, materials, choreography, music, technical theatre production costs, and rental for CDT performances. All said materials and costumes are property of CDT and shall be returned following the conclusion of each production.*