

_____ (office use)

Attach Picture here

All About Music Children's Theatre **AUDITION FORM**

Child's Name: _____ Grade: _____ Age: _____

Birthday ____/____/____ Height: ____' ____" (be accurate, don't leave blank)

Parent's/Guardian's Names: _____

Best Phone: (____) _____ Second Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Parent's Email Address: _____

School Name and district: _____

Emergency contact: _____ Phone: (____) _____
(in case you can't be reached, list an alternate name and number)

Please list any allergies; medical conditions, medications or learning disabilities we should be aware of: _____

List the roles you are interested in in order:

#1 _____ #2 _____ #3 _____

#4 _____ #5 _____ #6 _____

Please read through and check those that apply:

___ I am interested in the parts listed but will accept any part including non-speaking ensemble singing parts or specialty dancer singing parts, in other words I'm happy to be in the show!

___ I am interested in the parts listed, but will accept ANY part that has a line or a vocal solo (on my list or not)

___ I will ONLY accept the role or roles I have listed. To clarify, if you are not chosen for any of the roles you list above we will not be casting you in the show

Please list ANY rehearsal or show conflicts you may have on Monday & Thursday Evening from 6 to 8 and Saturdays from 10:00 until 2:30. BE COMPLETELY HONEST. Conflicts won't necessarily preclude you from being cast in this show if we know about them in advance. If you are cast in a lead role and have two or more absences, which are not listed, and are not an excused emergency or illness, your part may be reassigned at the discretion of the production team and you will be placed in the ensemble. Ensemble members having more than 3 unexcused absences may be removed from the production entirely. Missing more than 30 minutes of a rehearsal counts as an absence. Attendance at Dress Rehearsal, Tech Week and shows is mandatory and there are no tuition refunds if a student drops from the show at any time. (use space on back if needed)

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Please list singing, dancing, and theatrical experience including lessons and teacher:

School Music/Drama and or Chorus Teacher's Name: _____

Publicity

Portions of this performance may be photographed and/or videotaped for promotional purposes including but not limited to web site, brochure, newspaper ads/features, social media, or promotional/archival videos. Please sign indicating All About Music has permission to use your child's image/name?

Signature: _____ If not signed child will not be cast.

PERMISSION SLIP AND RELEASE

My son/daughter _____ (Child's name) has my permission to participate in the production of "Wizard of Oz Young Performers Edition" produced by All About Music, Inc. (herein referred to as the Company). As Child's Parent or Guardian, I release the Company from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Child while participating in any rehearsal, activity or performance provided by the Company. I agree that I will make no claim or demand against the Company or any organization or facility used for rehearsal or production purposes. If an injury or accident occurs during any rehearsal, activity or performance provided by the Company, I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if any injury or incident occurs. The term Company includes all employees, subcontractors, volunteers or other staff of the Company participating in "Wizard of Oz Young Performers Edition" I agree to accompany my child into and out of all rehearsals and give my permission to release my child to my emergency contact listed above. I also agree to pick my child up no later than 10 minutes after the designated end of rehearsal or I agree to pay standard day care fees for each 15 minutes I am late. I also agree that if my child exhibits disruptive or disrespectful behavior, that cannot be corrected after being addressed with myself and my child, they will be removed from the production and no refunds will be given.

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____

Child's Email if they want to receive emails as well _____

How did you hear about us? _____

Anything else we should know? _____

(For Office Use Only)

Registration Fee \$25 Date Recv'd ____ / ____ / ____ Paid Check# _____ or Cash _____