



PLEASE BRING COMPLETED APPLICATION WITH YOU TO AUDITIONS/CALLBACKS.

ALL PORTIONS OF THE APPLICATION MUST BE COMPLETED AND TURNED IN AT THE SAME TIME.

ANY UNCOMPLETED APPLICATION MAY HOLD UP YOUR AUDITION.

Please complete this checklist to verify that you have completed this entire application:

- Page 1 Checklist
- Page 2 & 3 Performer's Application
- Page 4 Potential Conflicts
- Page 5 Medical & Liability Release
- Page 6 Parent/Legal Guardian Authorization and Waiver/Release of Liability (Optional)
- Page 7 Costume Information
- Page 8 Parent Volunteer Signup
- Headshot attached
- Production Fee attached

Please check and verify signatures are on the following pages

- Pages 3, 4, 5, 6 Participant's signature & Parent's signature of minors



PERFORMER'S APPLICATION

Show auditioning for: _____

PLEASE PRINT

● PART ONE

Participant's Name: _____
Last First MI

School You Attend: _____ Grade: _____

Height: _____ Birth Date: _____ Age: _____ Female Male

Address: _____
Number & Street City Zip

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-Mail: _____

● PART TWO

If under 18 years of age, please fill out the following information for Parent / Guardian:

Mother / Guardian Name: _____

Address: _____
Number & Street City Zip

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-Mail: _____

Father / Guardian Name: _____

Address: _____
Number & Street City Zip

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-Mail: _____



PERFORMER'S APPLICATION (continued)

● PART THREE

How did you hear about us: _____

Vocal Range: _____ Regular voice study: Yes No

If in regular voice study, with whom: _____

Read Music: Yes No Play Instrument: Yes No What instrument: _____

Have you ever been removed from a cast? Yes No If "YES", why? _____

Have you ever quit a show? Yes No If "YES", why? _____

Affiliations (Check any that apply): AEA SAG AFTRA AASD

Special Skills we should know about: _____

List previous theatrical / singing / dancing experience (or attach a resume)
Include a headshot with your application: _____

● PERFORMER'S FEE

Production fee of \$325.00 is due at audition. We offer a 25% discount for siblings. Refunds will **only** be made if you are not offered a role. There are **no** exceptions to this policy. Please DO NOT AUDITION if you are not willing and able to do the show. There is a \$35.00 charge for checks returned for non-sufficient funds.

Please be aware conflicts are not accepted during tech and/or performance weeks. See conflict page for more information.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature of Minor: _____ Date: _____

OFFICE USE ONLY

Visa / MC / Discover / Check #: _____ Amount Received: \$ _____ Date: _____



POTENTIAL CONFLICTS

This production requires your complete commitment. It is very difficult to cast a show and then run rehearsals when we have performers missing. When you are called to rehearsal it means we need you.

Please understand your conflicts can affect your casting. Once you have been cast in a role, no conflicts beyond those listed below will be approved.

Absolutely no conflicts will be accepted during tech and/or performance weeks.

Please review the rehearsal schedule and list any potential conflicts you might have.

PERFORMER'S NAME _____

BYE BYE BIRDIE

Rehearsal Schedule is subject to change.

Rehearsals start April 13, 2010

April, May, June, July

- Tuesdays & Thursdays 6 - 9pm (scene work)
- Fridays (TBA)
- Saturdays & Sundays 5 – 9pm (all called for scene and dance work)

- Tech: week of July 19 afternoons - evenings
- Performances: July 23 – August 1

My potential conflicts are:

Participant's Signature: _____ **Date:** _____

Parent/Guardian Signature of Minor: _____ **Date:** _____



MEDICAL & LIABILITY RELEASE

If you or your child in involved in an ACT – San Diego production, you are hereby advised that our organization does not carry Workman’s Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for my child(ren) _____ to participate in an ACT – San Diego production. I also give permission to the designated adult supervisor in charge to secure emergency medical treatment for the minor named above. I also agree to hold harmless from any liability, fault or action arising from participation in the production and waive any claim or action against ACT – San Diego, and/or their assignees, board of directors, staff or volunteers.

Participant’s Signature: _____ Date: _____

Parent/Guardian Signature of Minor: _____ Date: _____

Participant’s Name: _____
Last First MI

Birth Date: _____ Age: _____

Adult in charge may give my child Tylenol: Yes No Adult in charge may give my child Advil: Yes No

Are there any health conditions, medications or allergies that we need to know about? _____

Insurance Provider: _____

Insurance Policy #: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

List two contacts other than mother/father/guardian

Emergency Contact Name & Phone #: _____

Emergency Contact Name & Phone #: _____

If under 18 years of age, following information is required:

Mother/Guardian Name: _____

Address: _____
Number & Street City Zip

Home #: _____ Cell #: _____ Work #: _____

Father/Guardian Name: _____

Address: _____
Number & Street City Zip

Home #: _____ Cell #: _____ Work #: _____

PHOTO RELEASE

I hereby authorize and consent that ACT – San Diego shall have the absolute right to copyright, publish, use, sell or assign any and all photographs, portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, that have been taken of my child, or in which my child may be included in whole or in part without notice or compensation to me, now or in the future.

Participant’s Signature: _____ Date: _____

Parent/Guardian Signature of Minor: _____ Date: _____



PARENT/LEGAL GUARDIAN AUTHORIZATION AND WAIVER/RELEASE OF LIABILITY

THIS RELEASE IS OPTIONAL AND SHOULD ONLY BE SIGNED IF YOU ARE ALLOWING YOUR MINOR CHILD TO BE OUTSIDE THE INTERIOR OF ANY FACILITY THAT IS BEING USED BY ACT - SAN DIEGO BEFORE DIRECTOR'S CALL TIME, DURING BREAK, OR AFTER CALL TIME WITHOUT ADULT SUPERVISION.

I, _____, parent or legal guardian of _____, a minor child, hereby give permission for my child during any and all rehearsals, tech weeks, and performance weeks to be outside the interior of any facility (excluding Waxie Sanitary Supply) that is being used by Actors' Conservatory Theatre (hereinafter referred to as ACT – San Diego) for these aforementioned purposes, without adult supervision (person age 18 and older) before director's call time, during break, or after call time.

Waiver and Release of Liability

I certify that my minor child is given permission during any and all rehearsals, tech weeks, and performance weeks to be outside the interior of any facility that is being used by ACT – San Diego for these aforementioned purposes, without adult supervision (person age 18 and older) before director's call time, during break, or after call time.

I hereby voluntarily release ACT – San Diego from any and all liability resulting from any and all acts, occurrences or incidents arising out of my minor child's being outside the interior of the facility without adult supervision.

I understand and agree that I am releasing not only the entities set forth above, but also the officers, agents, and employees of those entities. I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I or my minor child may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me or my minor child, arising out of my minor child being outside the interior of the facility without adult supervision except for the acts or omissions of ACT - San Diego, its officers, agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that by signing this Parent/ Legal Guardian Authorization and Waiver/Release of Liability, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me and/or my minor child being outside the interior of the facility without adult supervision.

I understand and agree that by signing this Parent/ Legal Guardian Authorization and Waiver/Release of Liability, I am agreeing to release, indemnify, and hold harmless ACT - San Diego and their officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from allowing minor child being outside the interior of the facility without adult supervision.

I understand that this Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children.

I acknowledge that I have read this Parent/ Legal Guardian Authorization and Waiver/Release of Liability and that I understand the words and language in it. I also understand that this Parent/ Legal Guardian Authorization and Waiver/Release of Liability is valid for the duration of time that my child participates with ACT – San Diego unless rescinded through my written instructions.

I am the parent or legal guardian of the minor _____, and I am signing this Parent/ Legal Guardian Authorization and Waiver/Release of Liability on behalf of said minor.

Print Minor Child's name: _____ Age: _____

Print Name of Parent/Guardian: _____

Signature of Parent /Guardian: _____

Date: _____ Telephone Number (Best number to reach you): _____

COSTUME INFORMATION

Name of Show: _____

Performer's Name: _____ Female Male Age: _____

Height: _____ feet _____ inches

Shirt size: _____ Child Jr Adult

Pant size: _____ Child Jr Adult

Dress size: _____ Child Jr Adult

Bust/Chest: _____

Waist: _____

Hip: _____

Outside leg: _____

Inside leg: _____

Head circumference: _____

Neck circumference: _____

Nape of neck to waist (back): _____

Base of neck to waist (front): _____

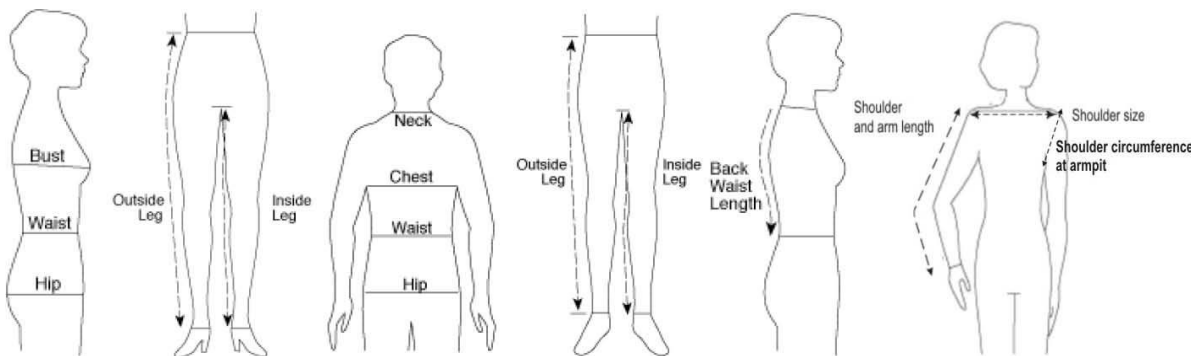
Inside leg: _____

Outside leg: _____

Shoulder & arm length to wrist: _____

Shoulder circumference at armpit: _____

If you have an allergy to a fabric please list them: _____



FOR COSTUMER USE:

Character Role: _____



PARENT VOLUNTEER SIGN-UP

Our parent volunteers make our productions a success.
We ask that every parent volunteer in one or more areas to make sure everything runs smoothly.

Your name: _____

- _____ Props: source, rent, build, catalog & organize
- _____ Costumes: assist costumer with sewing, buying, assembling
- _____ Sets: build, paint & assemble sets off-site
- _____ Publicity: distribute flyers, placing press releases in local papers and follow-up
- _____ Lobby set-up: create lobby display with headshots, create candy-grams
- _____ Lobby sales: clothing, candy- grams, other items for sale in lobby during run of show
- _____ Cast party: Host, buy/prepare food & drinks
- _____ Rehearsal Room Monitor
- _____ Spot light operator
- _____ Back stage
- _____ Dressing rooms
- _____ Dinner chaperone during weekend performances
- _____ Load in
- _____ Load out

Help us promote the show by providing the following information:

Local newspaper(s) you receive:

Other groups your child(ren) are in:

Additional comments:
