

AMERICAN ROSE THEATRE



BAND AUDITION FORM

LAST NAME

Please fill out using a computer, or write **clearly** and legibly.

NAME _____
Last First Mi

ADDRESS _____
Number & Street City Zip

HOME PHONE: _____

CELL or BEST # _____
to reach you at: _____

E-mail: _____

Female

Male

AGE: _____
optional if over 18

BIRTHDATE: optional if over 18; or give date/omit year _____

For band members under 18 years of age.

Parent(s) or Guardian(s) _____ Phone 1 _____

Email1 _____ Phone 2 _____

Email2 _____ Phone 3 _____

For cast / band / crew members under 18 years of age.

SCHOOL _____ Grade/Year: _____

AUDITION INFORMATION *for musicians only*

How did you hear about our program? _____

INSTRUMENT(s): PIANO / KEYBOARDS GUITAR – ELECTRIC DRUMS
 GUITAR – ACOUSTIC OTHER _____

CAN YOU READ MUSIC? YES NO

HAVE YOU PERFORMED in a BAND before? YES NO

List all commitments that might interfere with rehearsals and performances or attach a conflict calendar.

Performer Signature: _____ DATE: _____

Parent Signature: _____ DATE: _____

(Parent or Guardian signature required If participant is under 18 at time of audition)

AMERICAN ROSE THEATRE



PARTICIPANT CONTRACT

LAST NAME

(ACTORS, BAND, CREW)

Attendance

- I agree to arrive at scheduled rehearsals on time, **ACTORS:** and in appropriate clothing and shoes. **MUSICIANS:** with music and instrument. **ALL CAST, CREW and BAND MEMBERS** agree to wear close-toed shoes when rehearsing in the theater spaces, and when around sets.
- PARENTS: I realize that if my minor child is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I agree to attend all rehearsals for which I am scheduled. I understand that it is extremely important that every participant be at rehearsal when called. For the good of the show and out of respect for the actors and staff, the director must know my part is covered. Attendance is taken at each rehearsal. Unexcused absences may result in having my role in the production reduced, or in the case of extended absence, I may be dismissed from the production without a refund.
- I understand that arriving more than thirty minutes late, or leaving more than thirty minutes early, from a rehearsal constitutes an absence.
- I understand that I was asked to list ALL conflicts on my conflict sheet BEFORE my audition. If I am not present at any rehearsals during a time NOT on my conflict sheet, it will be considered an unexcused absence. **ACTORS:** If I have one unexcused absence and I am not already doublecast or have an understudy, I may be given an understudy. If I have two unexcused absences, I may be doublecast and may be susceptible to losing the opportunity to perform my designated part in one or more shows. **MUSICIANS:** If I have one unexcused absence, I may be placed on warning. If I have two unexcused absences, I may be replaced.
- If I miss a choreography rehearsal or if I have arrived too late (as determined by the choreographer), I am responsible to connect with the choreographer or dance captain to cover any missed material. If too much material has been missed, I understand that I may forfeit participation in that dance number, regardless of the excuse and regardless of prior notice.
- I will remain at rehearsals until the rehearsal is completed and I am excused. I understand that for my safety, if I am under age 18, I am not allowed to leave the rehearsal/theater premises without adult permission and supervision.
- I understand that work is not an excuse to miss a rehearsal.

Behavior

- I will be respectful and courteous to the directors, the cast, band and crew members, and the volunteers.
- I will maintain a positive and cooperative attitude, and support and encourage my fellow performers. I will listen while others are being rehearsed or coached.
- I will be prepared for rehearsals with my script, music, a pencil, and water.
- I will have my lines and music memorized on due dates. I will practice outside of rehearsal.
- I understand that no food or drink, except water, is allowed on the dance/rehearsal floor or stage. There will be a designated place to eat snacks/meals.
- I will help clean up the rehearsal/performance hall and dressing rooms after rehearsal and performances.

I know that if the Director thinks I am not fulfilling my obligations, he/she will have a conference with me that could result in my removal from the show at any time. If this does happen, I understand his/her decision is final and (for actors) no fees will be refunded. If I am under 18 my parents will be notified.

I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE AND AGREE TO ABIDE BY THEM.

Performer Signature:

DATE:

Parent Signature:

DATE:

(Parent or Guardian signature required If cast/crew member is under 18 at time of audition)

AMERICAN ROSE THEATRE



FAMILY VOLUNTEER FORM

LAST NAME

- I realize that if my minor child is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I understand that one parent/guardian is required to attend a parent orientation meeting after casting, and any additional meetings that may be scheduled.
- Families of actors agree to volunteer 20 or more hours as part of a volunteer committee.
- Families of actors and musicians agree that at least one family member will volunteer during 3 shows in one of the following areas during the show performances: Ushering, Box Office, Green Room duties. Please indicate your order of preference (1 = most preferred)

VOLUNTEER OPPORTUNITIES – PLEASE INDICATE YOUR PREFERENCES IN EACH SECTION 1, 2 AND 3.

1 PARENTS OF ACTORS AND BAND MEMBERS

-- All families will help in one or more of the following areas during 3 performances. Please indicate your preference (1 = 1st choice, 2 = 2nd choice, etc)

- House / Box Office Ushering Greenroom / Backstage Volunteer

2 VOLUNTEER AREAS: FOR PARENTS OF ACTORS: Please indicate your volunteer preferences, numbered 1, 2, 3, etc. Choose at least 2.

- | | | |
|---|---|--|
| <input type="checkbox"/> Rehearsal Volunteer | <input type="checkbox"/> Props | <input type="checkbox"/> Costumes |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Make-up | <input type="checkbox"/> Sets Building & Painting |
| <input type="checkbox"/> Lobby Display | <input type="checkbox"/> Photography (circle 1 or more) | Video |
| <input type="checkbox"/> Computer Support | Rehearsals / Show / Headshots | <input type="checkbox"/> Filming <input type="checkbox"/> Editing |
| <input type="checkbox"/> Load-In | <input type="checkbox"/> Technical – sound | <input type="checkbox"/> Technical – lights |
| <input type="checkbox"/> PR / Promotions | <input type="checkbox"/> Load-Out (Strike) | <input type="checkbox"/> Program/Posters |
| Help us promote the show – hand out flyers, hang posters around town. | <input type="checkbox"/> Cast/Crew meals | <input type="checkbox"/> Water / ICE organize and collect cases of water for the cast and crew during production. Bring ice before every show for concessions. |
| <input type="checkbox"/> Wrap Party circle 1 or more | Coordinate a meal for show days with 2 shows | <input type="checkbox"/> Other describe: |
| Offer your home or facility / organize party / other | <input type="checkbox"/> Media Connections | |
| | Do you work in media or have access to media to help us promote the show? | |

3 REHEARSAL MONITORS: PARENTS OF ACTORS -- At ART, our primary concern is the safety of all participants. As part of our safety measures, it is ART's policy to have a minimum of 2 adult monitors present at each rehearsal. Each family will be asked to supervise during one (1) rehearsal of "13". Please mark days of the week you prefer to volunteer. We will ask you to monitor a rehearsal your child(ren) is(are) called to, and we will do our best to accommodate scheduling requests:

[Our *typical* rehearsal times are as follows. Please refer to the rehearsal schedule for actual times. Please use the comments section to indicate dates your would like to request AND/OR dates you can not be available.

- MONDAY 6PM-10PM TUESDAY 6PM-10PM WEDNESDAY 6PM-10PM THURSDAY 6PM-10PM FRIDAY 6PM-10PM SATURDAY 1PM-6PM SUNDAY 6PM-10PM ANY DAY

COMMENTS:

By signing and submitting this form I signify that I have read and understand the Family Participation policies. I understand them and agree to abide by them.

Parent Signature: _____

DATE: _____

AMERICAN ROSE THEATRE



MEDICAL RELEASE

LAST NAME

If Cast/Band/Crew Member is Under 18, please have parent/guardian fill this out:

In the event an individual over 18 is injured and is unable to communicate, ART will try to reach the emergency contact listed below.

In the event a minor child under the age of 18 is injured or an emergency occurs, ART will make every effort to reach the parent. If the parent cannot be reached, ART will try to reach the emergency contact listed below.

If possible, ART will call the designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, ART will obtain treatment from the nearest hospital. Please sign below to give your permission to obtain medical assistance for yourself or your child as described above in the event of an injury or emergency.

Name of Cast Member _____ Birthdate: _____ Age _____

Home Phone: _____ Day Phone _____ Cell/Pager # _____

Insurance Provider _____ Phone: _____

Insurance Policy Number _____

Family Doctor _____ Phone: _____

Address _____

Family Dentist _____ Phone: _____

Address _____

If Cast/Crew Member is Under 18, please fill out the following:

Mother's Name _____

Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at

Father's Name _____

Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at

Is there anything else you would like to tell us about your minor child (or about yourself if you are over 18)?

Please provide us with an additional emergency contact: Provide the name of a friend or relative to be called:

Emergency Contact Name: _____ Relationship _____

Phone 1 (best) _____ Phone 2 _____ Phone 3 _____

Name (please print) _____

Signature: _____ DATE: _____

(If cast/crew member is under age 18 at time of audition, a parent or guardian is required to sign this medical form)

AMERICAN ROSE THEATRE



RELEASE OF LIABILITY - MINOR

American Rose Theatre does its utmost to ensure the health and safety of its participants. Parents of minor children participating in ART productions are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, _____ acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

Company Member's Signature

Date

Parent/Guardian Signature of Minor

Date

RELEASE OF LIABILITY - ADULT

American Rose Theatre does its utmost to ensure the health and safety of its participants. Adult participants and volunteers are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, _____ acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

Adult Participant's Signature

Date

PHOTO/VIDEO RELEASE

I, _____, hereby grant American Rose Theatre permission to
(Cast member name or parent/guardian name if cast member is under 18)
photograph, film, tape or record _____ as a participant in this ART production.
(name of cast member)

I understand that American Rose Theatre may choose to photograph, film, tape or record the above-named participant for publicity, documentation, or ticket sales purposes, and that by signing this Photo Release form I give them full permission and waive all copyright and future considerations.

Performer Signature: _____ **DATE:** _____

(If cast / crew member is under age 18 at time of audition, have a parent or guardian sign this waiver)