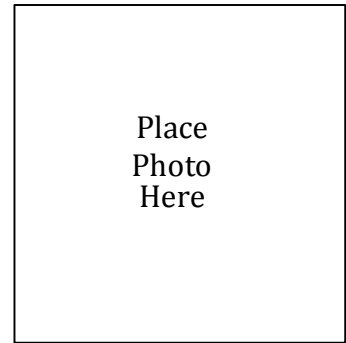


YMT AUDITION FORM



Actor's Name: _____ Grade: _____

Notable Previous Performance Experience or Roles

Company or School _____ Show _____
Role _____

Company or School _____ Show _____
Role _____

Company or School _____ Show _____
Role _____

Would you consider other roles? Yes/No

Would you accept an ensemble role? Yes/No

Training (a plus, but not required): Yes/No

Can you read music? Yes/No

Do you want to sing solo? Yes/No

Voice: Soprano / Alto / Tenor / Bass

Instruments you play? _____ Years Played _____
_____ Years Played _____

Band/Orchestra: _____

Dance Training _____ Tap dance? _____ Yrs _____

Special Skills: _____

Juggling, Circus, Gymnastics, Stage Combat _____

Notes:



HOLD HARMLESS

NAME OF PRODUCTION: _____

COMPLETION OF THIS FORM IS A REQUIREMENT OF PARTICIPATION WITH YOUTH MUSICAL THEATRE LLC. (Cast/Crew/Volunteers/ Participants)

ASSOCIATION AGREEMENT / RELEASE AND HOLD HARMLESS

I understand Youth Musical Theatre, is a California non-profit corporation with volunteer participants or members, such as myself, who provide all of the work which make Youth Musical Theatre stage productions possible, and that Youth Musical Theatre has very limited income and resources, and Youth Musical Theatre is financially unable to pay for injuries to its members and participants or to provide insurance for such injuries. I therefore agree that as a participant or member of Youth Musical Theatre I look to my own resources to pay for any injuries I may receive while engaged in activities of Youth Musical Theatre. In consideration of my being permitted to participate in the activities of Youth Musical Theatre, I hereby agree to hold Youth Musical Theatre., its officers, directors, servants and employees, free and harmless of any liability or claim for injury I may receive while engaged in the activities of the Youth Musical Theatre, whether at the Theatre’s rehearsal or performance locations or elsewhere. In that regard, I hereby release, acquit and forever discharge Youth Musical Theatre., its officers, directors, servants and employees, from any and all claims I may have, or feel I may have, for any injury I may suffer while engaged in the activities of Youth Musical Theatre.

SAFETY POLICY FOR SET STRIKES and CONSTRUCTION: Youth Musical Theatre has some ground rules we ask all participants to follow. 1. In the interest of safety Participants, age **13** and above, may participate in the actual construction and de-construction of the set; which includes but is not limited to working on the stage floor, the orchestra pit and in the shop area. 2. Participants, under **13** may work in specifically assigned areas designated by the head of set-build and/or set- strike; which includes but is not limited to: the costume and prop areas, the dressing rooms, the lobby, the house, the backstage areas, and the green room area. NO ONE under **13** is allowed on the stage floor, in the orchestra pit or in the shop area during a set build or set strike. 3. Participants aged **12** and under must be accompanied by a parent and that parent is responsible for their child’s safety and conduct during set build and / or set strike. 4. All participants must wear proper work clothes and closed-toed shoes during set build and/or set strike. Note: ONLY participants and volunteers **18** years of age or over may use power tools (excludes cordless drills/screw guns). If there is any question or concern that a participant is **18**, said participant may be asked to provide proof of age. Youth Musical Theatre wants to emphasize once again that participants of all ages are welcome at set build and/or set strike and we encourage families to participate. Thank you for your attention and cooperation with the rules stated above. Parent signature acts as Permission for Minor to participate in accordance with the above stated policy.

EXECUTED at (City) _____ CA on [Date: mm/dd/yyyy] _____

Participant Name _____ Signature _____

Parent /Volunteer/Participant/ Name _____ Signature _____

Witnessed by [Producer or YMT Board Member] _____

The original of this Agreement remains the property of the Youth Musical Theatre, LLC. and will be on file at the YMT office. Youth Musical Theatre is a member of the San Fernando Philharmonic Pops Orchestra. We are a 501 (c) (3) non-profit organization. EIN: 95-4273905 All Donations are tax deductible as allowed by law.



Authorization to Consent to Treatment of a Minor

This form grants temporary authority to a Youth Musical Theatre (YMT) LLC, designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form will remain on file at all YMT functions.

Minor Full Name: _____ DOB: _____ Male/Female: _____

Address: _____ City: _____ Zip: _____

Parent Cell Phone #: _____ Actor Cell Phone #: _____

Information for Medical Treatment

Physician's Name: _____ Physician's Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____ Allergies (Other): _____

List all conditions minor is currently receiving treatment: _____

Other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Youth Musical Theatre's designated representative (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: September 7, 2020

Signed this _____ day of _____, 2019

Parent/Legal Guardian Signature: _____ Date _____

Print Name: _____

Witness Signature: _____ Print Name _____

Date _____

ONE (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize YOUTH MUSICAL THEATRE to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize YOUTH MUSICAL THEATRE to charge my
(Cardholder's Full Name)

credit card account indicated below for **\$400.00** on **9/15/19**.

This payment is for the **REMAINING FINAL INSTALLMENT OF THE PARTICIPATION FEE FOR ELF AND IS NON-REFUNDABLE after SEPTEMBER 20, 2019.**

Billing Information

Billing Address _____ Phone # _____

_____ City, State, Zip _____ Email _____

Visa MasterCard Discover American Express

Card Details

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(cardholder)

DATE _____



Two (2) Time Credit Card Payment Authorization

Sign and complete this form to authorize YOUTH MUSICAL THEATRE to make a two-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize YOUTH MUSICAL THEATRE to charge my
(Cardholder's Full Name)

credit card account indicated below for **\$200.00** on **9/15/19 and 10/15/19**.

These payments are for the **REMAINING TWO INSTALLMENTS OF THE PARTICIPATION FEE FOR ELF, AND IS NON-REFUNDABLE after SEPTEMBER 20, 2019.**

Billing Information

Billing Address _____ Phone # _____

_____ City, State, Zip _____ Email _____

Visa MasterCard Discover American Express

Card Details

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(cardholder)

DATE _____

