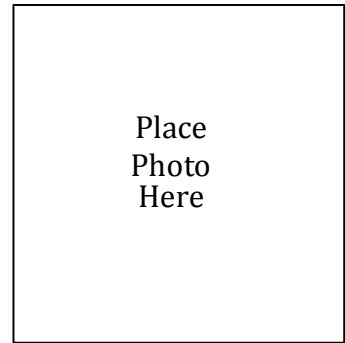


AUDITION FORM



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 _____

What role(s) do you wish to be considered for ?

(1st choice) _____ (2nd choice) _____ (3rd choice) _____

Would you consider other roles? Yes/No

Would you accept an ensemble role? Yes/No

Training (a plus, but not required):

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 Participant



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 #: _____ (All participants must provide a parent contact)

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: 12/31/19

Signed this _____ day of _____, 2019

If you are over 18 years old, please sign here:

Parent/Legal Guardian Signature: _____ Date _____

Print Name: _____

If you are a minor, Parent/Legal Guardian please sign here:

Parent/Legal Guardian Signature: _____ Date _____

Print Name: _____

Witness Signature: _____ Print Name _____

Date _____

Youth Musical Theatre (YMT) LLC is a non-profit 501(c)(3) organization.
Our mission is to produce exceptional theatre for young artists, technical students and to develop or “create character not just characters” by providing a nurturing and positive environment. The following is expected of all adults, parents, volunteers, cast and crewmembers working with YMT.

- Cast and crewmembers are expected to arrive at rehearsals on time and stay through the end of rehearsal.
- **NO UNAUTHORIZED PERSONS BACKSTAGE:** at anytime
*Parents, Volunteers, Friends, and Visitors are **NOT ALLOWED BACKSTAGE** at ANYTIME. We work in Professional Theater environments and we All Must Follow Policy for the Safety and Protection of our cast and crew. No Exceptions.*
- Harassment or bullying will not be tolerated. Disciplinary tone and words and actions are expected to be professional at all times.
- Respect of all cast or crew (technical students), all parent volunteers and all hired staff is important to the success of the production.
- YMT has a zero tolerance policy for drug or alcohol use. Drug or alcohol use during rehearsals, tech week, performances and time between shows will lead to immediate dismissal from our program with no refunds
- The use of any video or audio recording device of any kind during the auditions, rehearsals, or performances, or the preparation for any of the same without the express consent of the Producer is strictly prohibited. Persons violating this section will be asked to leave the premises and may jeopardize their child's continued involvement in the production or future productions.
- If at any time you see anything that is inappropriate or of concern and/or problems with the house or rehearsal space employees or if you have any overall concerns regarding the production, direct your comments to the producers.
- If an adult, cast or crew member or any other person involved with the production displays inappropriate behavior it will be reviewed by the Producers who will deem final disciplinary action, which could include dismissal from the show. Disciplinary action will be shared with the Board of Directors. If the behavior is severe, participation in future shows may be prohibited. Youth Musical Theatre reserves the right to refuse participation in the program.
- At all times you will be fully responsible for any act or omission of yourself, or your cast or crew member during any audition, rehearsal or performance-related activity. By signing this form, you agree to pay for any loss including all costs of defending Youth Musical Theater LLC, its officers and agents, against everything and anything your child or children does that may cause injury, loss, destruction, or liability.



HEATHERS

PARENTAL INFORMATION & CONSENT FORM CAST AND CREW

This form must be read and signed by a parent or guardian for all actors who audition that are still in high school regardless of age or are under 18 on May 5, 2019.

Welcome to YMT's auditions for 'HEATHERS' We, the artistic team, hope to make this audition experience a positive one for your young adult and for you as his or her parent. We like parents to be aware of what your child is auditioning for and we want to address the nature of the show.

ADULT CONTENT:

We know that some people may find some of the content problematic and that, as a general caution, some material may be inappropriate for children under 16. No actor under the age of 18 may audition without parent consent.

We want you to be fully aware of the above information before you consent to your child auditioning for HEATHERS. ~~You may wish to watch some YouTube Performances if you are unfamiliar with the production.~~

GENERAL INFORMATION

IMPORTANT REQUIREMENT: Auditions are open to actors age 16-22 on day of Audition (5/5/19) and you may be asked to provide a birth certificate.

CASTING

There will be a lot of people auditioning for the available roles in HEATHERS. Because there are many different factors in casting, many talented people will not be cast. Not being cast does not necessarily reflect upon a one's talent or ability.

FAMILY COMMITMENT

The Youth Musical Theatre /HEATHERS Team expects attendance at all scheduled rehearsals. We will provide a rehearsal schedule and actors need to be prepared and attend every rehearsal, the rehearsal time is limited. Cast members are required and expected to learn their lines and be 'Off Book' by the first rehearsal-no exceptions! Please understand that this is a professional theatre schedule. Based on our experience as artistic team members, we would recommend that HEATHERS be the TOP priority for families for the duration of the rehearsal/production schedule. There will undoubtedly be personal, and family events that will need to be missed as a result of being in the cast or crew of HEATHERS.

The artistic team at YMT hopes this answers any questions you may have. We wish your young adult actor the best, and "Break a Leg!"

I have read and understand the information regarding the content of HEATHERS and the audition and rehearsal process.

_____ Actor's Signature

_____ Parent / Guardian Signature

_____ Actor's Name (Please Print)

_____ Parent / Guardian Name (Please Print)

_____ Date