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| Audition # | Group | Time |
|------------|-------|------|

Performer Name:

(Last)_____ (First)_____

Age: _____ Height: _____ Weight: _____

Male: _____ Female: _____

City of Home Residence_____

Home Phone: (_____)_____

Performer's Cell Phone: (_____)_____

Mother's Cell Phone: (_____)_____

Father's Cell Phone: (_____)_____

| | | |
|---|--|--|
| Tuition: Rising Stars: \$190 Sibling(s) \$165 Mainstage: \$160 | Tuition: \$ _____ Sibling(s): \$ _____ Donation: \$ _____ =Total \$ _____ | Payment By: Cash Check* Visa/MC Sibling Scholarship Club CMT |
|---|--|--|

*Please make check to: CMTSJ

Performing Experience and Training

Note that previous experience and training is not required to participate with CMT.

*Please list your most recent performing experience below or attach a resume.

| DATE | SHOW NAME | ROLE | THEATER COMPANY | DIRECTOR |
|--------------|-------------------------------|------------------|-----------------|--------------------|
| SAMPLE 3/'98 | SAMPLE Jesus Christ Superstar | SAMPLE Soul Girl | SAMPLE CMT | SAMPLE Kevin Hauge |
| | | | | |
| | | | | |
| | | | | |

*Please list your training experience (voice, acting or dance specific) below or attach a resume.

| DATES | TYPE | LEVEL | INSTRUCTOR /STUDIO |
|---------------------------------|-------------|----------------|-----------------------|
| SAMPLE: January 2001 to present | SAMPLE Jazz | SAMPLE 2: Int. | SAMPLE Marie Stinnett |
| | | | |
| | | | |
| | | | |

Vocal range: _____(i.e. soprano, tenor, alto)

Song choice:_____

Sibling Request: _____

(Please list names of siblings auditioning for same production. The artistic staff makes it a priority to put siblings in the same cast.)

PERFORMER'S CONTRACT

ADVERTISING AND PROMOTIONAL RELEASE: I _____ hereby consent to the reproduction and/or use of photographs, video tapes and film or audio recordings of myself (or my child/charge) for advertising and promotional purposes by Children's Musical Theater - San Jose or its affiliates.

PRODUCTION POLICIES:

AGE REQUIREMENT: All performers must be of the advertised age by the date of the audition for. CMT reserves the right to request proof of age at any time. When age requirements for productions overlap or special auditions are held, it is the staffs' responsibility to assess and place you in the production suited best.

WITHDRAWING FROM A PRODUCTION AND REFUNDS: If you withdraw from a production before the cast list is posted, you are entitled to a \$25.00 refund. If you withdraw from a production for any reason after the cast list is posted, no refund is given. If you withdraw from a production, you will not be allowed to audition for the next production you are eligible for unless excused by the Managing or Artistic Directors for extenuating circumstances. It is the performer's responsibility to inform CMT of your circumstance within one week of withdrawing from a production in order to be cleared for the next audition.

ATTENDANCE REQUIREMENTS: Each performer is required to attend all scheduled rehearsals. All conflicts must be communicated to the CMT staff. Even if conflicts are reported in advance, be aware that missing rehearsal may prevent you from being staged into scenes and musical numbers. Rehearsal schedules are subject to change to make the most productive use of time. Some cast members may be asked to participate in all performances when roles are not double-cast or technical support is needed. Production weeks are the last two weeks prior to performances and attendance is mandatory, no exceptions will be made without the previous written consent of the Artistic Director (also see Student Matinees and Special Shows Policy below). Rehearsals will run long and late into the evening during the immediate week prior to showtime, so please be prepared for this.

COSTUMES: Performers might be responsible for acquiring their own costumes; principal roles will typically have multiple costumes. CMT will provide the guidance you will need (i.e. patterns, materials to choose, etc.) to satisfy your costume requirements. Costs vary with each production, but expect a \$100 minimum. Low cost is a main priority during design. Costume rentals from CMT stock or a 3rd party is common; a rental and cleaning cost will be charged.

STUDENT MATINEES AND SPECIAL SHOWS: CMT performs its daytime productions for schools and community agencies on Wed., Thurs. and/or Fri. during production week as part of its Student Matinee program. These performances are not mandatory; however, it is important to notify your Show Coordinators within the first two weeks of rehearsal if you cannot participate.

GENERAL POLICIES:

- Notify staff regarding any special circumstances or medical requirements you might have.
- All cast rosters are for specific production use only. Any other use other than CMT purposes is STRICTLY PROHIBITED.
- Participation in the full audition process is required to be cast (meetings, applicable vocal & dance callbacks, etc.).
- Tuition payment is required or a scholarship must be arranged in advance in order to audition.
- In special circumstances, auditions can be arranged to occur before the published audition dates through the front office. If special arrangements are made and you give a full audition prior to the published auditions (videotapes acceptable), you will be eligible for all roles. If your special audition is after the published auditions and before the cast list is posted, you will be cast, but not eligible for principal roles

I (We) have read the Performer's Contract/Production Polices and agree to follow them without dispute.

If performer is under 18, please provide the following:

_____ Date: _____
Performer's Name (Print)

_____ Date: _____
Parent or Guardian Name (Print)

Performer's Signature

Parent or Guardian Signature

CONTACT INFORMATION

Performer's Name:

(Last) (First) (MI)

Address:-----
(Number & Street)

(City/State) (Zip)

Home Phone: ()-----

Cell Phone: ()-----
(if applicable)

Email Address:-----

Referred by:

Are you new to CMT? yes no

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Date of Birth: -----/-----/-----
(Proof May be Requested)

Ethnic Background:-----

School:----- Grade:-----

District:-----

1. Parent/Guardian Name:

(Last) (First)

Is Address Same As Above? yes no

Address if different:-----

Home Phone: ()-----

Cell Phone: ()-----

Email Address:-----

Employer:-----

Title:-----

Work Phone: ()-----

Special Interest/Skills-----
(i.e.: sewing, event planning, construction, musical instrument)

2. Parent/Guardian Name:

(Last) (First)

Is Address Same As Above? yes no

Address if different:-----

Home Phone: ()-----

Cell Phone: ()-----

Email Address:-----

Employer:-----

Title:-----

Work Phone: ()-----

Special Interest/Skills-----
(i.e.: sewing, event planning, construction, musical instrument)

IN CASE OF EMERGENCY PLEASE CONTACT:-----

Allergies/Special Health Considerations:-----

Insurance Company:----- Policy #:----- Hospital-----

Authorization to Consent to Medical Treatment

*I (We), the undersigned, do hereby authorize representatives of Children's Musical Theater - San Jose (such representatives to be employees, directors, Auxiliary members or identified volunteers) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

*I (We) also understand and agree that CMT will not be held responsible for injuries which occur to self/child while attending or participating in any CMT function. This authorization shall remain valid for the duration of the participant's current registration with CMT.

*For the safety of my child/myself as well as others, I have disclosed any and all medical information regarding the performer. I understand that failure to disclose any of the above information could result in my child's/my exclusion and/or dismissal from the production.

Signature,-----
(Parent or guardian if under 18)

Date-----