

STAFF WILL ATTACH PHOTO HERE:



Audition #	Group	Time

**Performer Name:**

Last \_\_\_\_\_ First \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Non-Binary \_\_\_\_ Pronouns \_\_\_\_\_

Last CMT Show \_\_\_\_\_

City of Home Residence \_\_\_\_\_

Home Phone \_\_\_\_\_

Performer's Cell Phone \_\_\_\_\_

Parent #1 Cell Phone \_\_\_\_\_

Parent #2 Cell Phone \_\_\_\_\_

Song Choice \_\_\_\_\_

Vocal Range \_\_\_\_\_ (i.e. soprano, tenor, alto)

List Sibling(s) auditioning for this production \_\_\_\_\_

Carpool request (only mutual carpool requests will be considered and cannot be guaranteed) \_\_\_\_\_

**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

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

DATES	TYPE	LEVEL	INSTRUCTOR /STUDIO

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)



## CHILDRENS MUSICAL THEATER SAN JOSE

### MOVE-IN / STRIKE / BUY OUT FORM

Each family is required to cover this commitment with a deposit, **due the day of auditions**. If you want to buyout, you can pay online with your audition fee or in person at our box office when you pay your audition fee. If you plan to work, please attach a check for \$150 made out to "CMTSJ". Your check will only be cashed if you do not work a shift.

*This deposit covers only your Move-In / Strike commitment; each family is also asked to complete 20 additional volunteer hours, separate from Move-In and Strike.*

☐ **I WILL WORK A SHIFT:** I will work a 4 hour shift during either Move-In or Strike of any of the shows happening this quarter. Please save my payment as a deposit only. ***I understand that I must sign up for a specific shift online at [www.TeamCMT.org](http://www.TeamCMT.org) by the start of Mandatory rehearsals for my show or my payment will be used to pay someone to work in my place.***

☐ **BUYOUT:** I choose to buy out of my Move-In/Strike commitment. ***Please use my \$150 deposit to pay someone to work in my place.***

☐ **I HAVE ALREADY COMMITTED TO A SHIFT:** I am handling a separate Move-In Strike effort because I have committed to be one of the following:

Show Coordinator      Concessions Coordinator      Props Coordinator  
Costumes Coordinator      Backstage Coordinator      Production Coordinator

Payment Method: ☐ Check # \_\_\_\_\_ ☐ Paid Online on \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 6 digits of receipt # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PERFORMER'S FULL NAME: \_\_\_\_\_

#### For CMTSJ Use Only:

Audition Ticket # \_\_\_\_\_ ☐ Worked ☐ Returned ☐ Deposited