Staff Will Attach Photo Here

AUDITION REGISTRATION
CMT ACADEMY 2026

Performer Name: _____

Performer Gender: Male__ Female___ Non-Binary__
Pronouns: _____

Address: _____

_____(City/State) (Zip)

Parent #1 Mobile Phone: _____

Parent #2 Mobile Phone: _____ (Optional)

Performer mobile phone: _____ (If applicable)

Parent #1 Email Address: _____

Parent #2 Email Address: _____ (Optional)

Performer Email Address: _____ (if applicable)

Are you new to CMT? □ yes □ no

If “no”, what was your last CMT show? _____

Vocal range: (circle one): Soprano, Mezzo, Alto, Tenor, Bass

Date of Birth: _____/_____/_____ Grade_____ School_____

Tell us one fun fact about yourself: _____

_____

MEDICAL RELEASE

In Case of Emergency, Please Contact:
(include name/phone) _____

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, _____ Date_____