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 attached a 1-page resume

DATE	SHOW NAME	ROLE	THEATER COMPANY	DIRECTOR

* Please list your training experience (voice, acting, or dance specific) below or attached 1- page resume

IN CASE OF EMERGENCY PLEASE CONTACT_____

Allergies/Special Health Concerns

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 identifies volunteers) to serve as agents for the undersigned to consent to any X-rays exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under general or specific supervision of any physician or surgeon licensed under the provisions of Medicine Practice Act on the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is renders 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 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 is 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 6 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 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 AM EXEMPT FROM STRIKE FOR THIS PRODUCTION:** I have **confirmed with Team CMT** *(either Kim Martin or Sue Jung)* that I am exempt from strike for this production due to committing to a qualifying Lead Coordinator role.

Note: *If your name is not listed in a qualifying Lead Coordinator role, you will be required to submit a check for strike or pay the fee online during auditions.*

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**