

Show Enrollment Form

Audition Form

Performer Name:

(Last) _____ (First) _____

Age: _____ Height: _____ Weight: _____

Male: _____ Female: _____

City of Home Residence: _____

Home Phone: (____) _____ - _____

Performer's Cell Phone: (____) _____ - _____

Guardian's Cell Phone: (____) _____ - _____

Alternate Cell Phone: (____) _____ - _____

Tuition: Musical: \$ 550 Play: \$ 500	Tuition: \$ _____ Donation: \$ _____ = Total \$ _____	Payment By: Cash Check* Visa/MC Scholarship
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*Please make check payable to Cinnabar Theater

Performance Experience and Training

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

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

Date	Show Name	Role	Theater Company	Director
Sample: 4/'09	Sample: Romeo and Juliet	Sample: Romeo	Sample: Cinnabar Theatre	Sample: Nathan Cummings

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

Dates	Type	Level	Instructor/ Studio
Sample: 2005- present	Sample: acting	Sample: Intermediate	Sample: Nathan Cummings

Vocal Range: _____ (Soprano, Alto, Tenor, Bass)

Song/Monologue Choice: _____

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PERFORMER'S/PARENTS 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 Cinnabar Theater or its affiliates. If you do not sign it may affect casting.

Withdrawing from a Production and Refunds: Cinnabar Theater offers no refunds after the first two rehearsals. If you/your child must drop and you wish to receive a refund you must notify the theater, in writing, before the start of the third rehearsal. Refunds will be made by company check. A \$50 non-refundable fee will be retained.

Attendance Requirements: Each performer is required to attend all scheduled rehearsals. All conflicts must be communicated to the Cinnabar staff. Even if conflicts are reported in advance, be aware that missing rehearsal may prevent you from being staged into scenes or musical numbers. Rehearsal schedules are subject to change to make the most productive use of time. Production weeks are the last two weeks prior to performances and attendance is mandatory, no exceptions will be made without previous written consent of the Education Director. Rehearsals will run long and late into the evening during the immediate week prior to show time, so please be prepared for this.

Volunteer Duties: Cinnabar theater relies heavily on parent volunteers to present a professional theatrical experience. Parent(s) of each cast member are **required** to fulfill a volunteer position during the performance run. Volunteer duties include but are not limited to parking, concessions, ticket taking and backstage work. Please call the theater as soon as possible to sign up. If you are unable to fulfill your volunteer duty you can buy-out your position at a cost of \$50.00.

General Policies:

- Notify staff regarding any special circumstances or medical requirements you might have.
- Participation in the full audition process is required to be cast (meetings, applicable voice and dance callbacks, etc).

By signing below I (We) certify I have read the Performer's Contract/ Production Policies and agree to follow them without dispute.

_____ Date: _____
Performer's Name (Print)

Performer's Signature

Parent/Guardian Signature if performer is under 18

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CONTACT INFORMATION

Performer

Name: _____
(Last) (First) (MI)

Date of Birth ____/____/____

School: _____

Address: _____
(Number and Street)

Grade: _____

(City/ State) (Zip)

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email Address: _____

1. Parent/ Guardian

(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* _____

2. Parent/ Guardian

(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 Cinnabar Theater (such representatives to be employees, directors, 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. The 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 Cinnabar Theatre will not be held responsible for injuries which occur to self/child while attending or participating in any Cinnabar Theatre function. This authorization shall remain valid for the duration of the participant's current registration with Cinnabar Theatre.

For the safety of my child/ self 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: _____

(Parent/ Guardian if under 18)