Audition Date: **#\_\_\_\_\_\_\_\_**

**Please print legibly.**

NAME:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SECOND BEST PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*AGE: \_\_\_\_\_\_ SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-SHIRT SIZE\_\_\_\_\_\_\_\_\_\_

**Performance dates are September 26 at 7:00 pm, and September 27 at 3:00 and 6:00 pm**

**ARTS IN THE HEART PERFORMANCE SEPTEMBER 20 TBA**

Are you willing to accept ANY role? \_\_\_\_\_\_\_\_ Role Preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Are you able to ensure reliable transportation to and from all rehearsals and performances? \_\_\_\_\_

List any training you have received in Acting, Voice, Dance or other performance skills:

Can you rehearse from (6:00 – 9:00pm )? Tech Week (5:00 – 10:00pm )?

Monday Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Tuesday Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Wednesday Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Thursday Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Friday Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Can you rehearse on Saturdays (9:00-4:00)? Yes/No

**Please sign below that you have read and understand the above conflict and rehearsal information. Once the show is cast, there will be a mandatory parent meeting at which time you will sign up for various volunteer opportunities with the show.**

\*\* Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please go to the back of the paper to list conflicts.

List any conflicts you may have during production. Consider commitments to sports, band, chorus, and other activities as well as work and other obligations outside of school. Include specific times and dates (including Saturday and Sunday).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PRODUCTION USE ONLY**

**MUSICAL DIRECTOR’S COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Range: Voice:

Lead? Chorus?

**DIRECTOR’S COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHOREOGRAPHER COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Augusta Players is an award-winning community of volunteers and professionals, part of whose mission is to produce the highest-quality theatrical productions. It is only through the professionalism and dedication of our family of volunteers that we are successful. Thank you for being a valued part of our organization!

## Media

To promote The Augusta Players, performances, and programs, we ask allowance to record, photograph, and/or video you for use in various publications. Therefore, I grant The Augusta Players permission to use my likeness in a photograph, video or digital or other medium in any and all of its publications or promotions. This may include but is not limited to the website, program, promotional materials, commercials, billboards, and social media. I understand my likeness will be used and I will not receive payment or any other consideration.

 \_\_\_\_\_\_ \_\_\_\_\_\_

 Initial Parent Initial if under 18

## Waiver of Liability

I release and hold harmless The Augusta Players from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer commitment. I acknowledge that I am fully aware of any and all risks posed and that I have no medical condition that prevents me from participating.

 \_\_\_\_\_\_ \_\_\_\_\_\_

 Initial Parent Initial if under 18

## Background Check (if 18 or over)

I agree to allow The Augusta Players to do a background check. As of July 1, the beginning of our 81st Season, our board of directors has put a background check requirement in place for all volunteers that are 18 or over that interact with participants that are under the age of 18. We are required to do the check on all paid employees. Volunteers however need to just give us permission, and the information to do the background check. That does not mean that we will complete the check just that we can if warranted. No one will see this information except for the Executive Director.

\_\_\_\_\_\_ \_\_\_\_\_\_

 Initial Parent Initial if under 18

In signing below, I acknowledge that I have read, understood, and agree to the Media policies and the Waiver of Liability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_