



For Office Use Only

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Registration Form

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Parent(s) Name(s): _____ Home Phone: _____

Parent Cell Phone: _____ Cast Member Cell Phone: _____

Parent E-mail: _____

Cast Member E-mail: _____

School: _____ Grade: _____ Height _____

Sizes: Cast Shirt _____ Pants _____ Suit _____ Dress _____

Emergency Contact Name/Phone: _____

By initialing each item and signing this registration form, the cast member and parent agree to the following (parent initials required for those under 18 years of age):

Parent
Initial

Cast
Initial

Cast List: Each cast member's name, phone, address, and e-mail address will be included on a list for distribution to cast members. This list will be provided for communications between cast members and their parents, and will not be used for any other purpose.

Cast Requirements: As a cast member, I agree to:

- Be on time for all rehearsals.
- Notify Production Coordinator in advance of any absences not previously indicated on my Conflict Sheet.
- Be prepared with pencil, script, music, dance shoes, or any other item required at rehearsal.
- Provide shoes and some other personal costume pieces as required.
- Refrain from being disruptive or disrespectful.
- Support fellow cast members.
- Take direction.
- Work to the best of my ability.

Cast Member Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

(Parent/Guardian signature required for those under 18 years of age.)



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Vero Voce Theatre **Performance Agreement**

Cast Member Name _____

Release of Liability and Indemnification Clause

I, either the Participant and/or as the parent(s) and/or legal guardian(s) of said Participant understand and acknowledge that the Participant undersigned is in good health and is able to participate in the Vero Voce theatrical production. I confirm that the health information listed below is true, complete and accurate. I acknowledge that I am solely and fully responsible for any and all medical and/or injury related treatment and/or expenses that otherwise relate to or arise from participation in Vero Voce activities. I request that Vero Voce allow myself or named child to participate in Vero Voce activities. In consideration thereof, I agree to release, defend, indemnify and hold harmless Vero Voce, directors, staff, volunteers, agent, landlords, invitees, and independent contractors from any and all liability known and unknown resulting from or arising out of the rendering of any and all first aid, if any, and/or illness, injury, and/or death of the Participant in any Vero Voce sponsored production or activity.

Waiver of Usage Rights

I give my permission to use any photographs, pictures, videos, web site and/or sound recordings taken during Vero Voce activities, rehearsals and/or performances which may include me or my child in promotional materials.

By signing this document, I agree to the terms and conditions of this Performance Agreement as stated.

Participant Signature _____ Date _____

Parent Signature/Guardian Signature if Participant is under 18 years of age

_____ Date _____

Emergency Contact Name & Phone No. _____

Medical information

- 1) Allergies _____
 - 2) Medication _____
 - 3) Special Needs/Pre-existing Conditions _____
- _____



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Wallet size photo here

AUDITION FORM

Name: _____

AUDITION SONG(S) : _____

MONOLOGUE(S) : _____

PREFERRED ROLES: _____

HOW DID YOU HEAR ABOUT AUDITIONS? _____

PREVIOUS EXPERIENCE *(use other side if more space is required)* OR **Resume/Headshot Attached** ☐

<u>Show</u>	<u>Role</u>	<u>Year</u>	<u>Company</u>
1. _____			
2. _____			
3. _____			
4. _____			

SPECIAL TRAINING *(indicate number of years)*

Dance: Ballet _____ Tap _____ Lyrical _____ Jazz _____ Gymnastics _____

Vocal: Chorus _____ Voice Lessons _____ Teacher _____

Theatre: Acting _____ Improv _____ Movement _____

DO NOT WRITE BELOW THIS LINE

Pitch: 1 2 3 4 5 _____ Tone: 1 2 3 4 5 _____ Rhythm: 1 2 3 4 5 _____

Presence: 1 2 3 4 5 _____ Reading: 1 2 3 4 5 _____

Callback for: _____

Date/Time: _____

Initials: _____

Role Offered: _____

Date/Time: _____

Initials: _____

Accept Yes ☐ No ☐