

Audition Form Fall, 2019

Audition Number _____

PARTICIPANT INFORMATION:

| | | | | | | | | | |
|-------------------------|---|---|-----------|-----------------------|------------|----------------|-------|-----|-------|
| Name (first/last) _____ | | | | | | | | | |
| E-mail _____ | | | | Primary Phone # _____ | | | | | |
| Sex | M | F | DOB | mm/dd/yyyy | _____ | Height | _____ | Age | _____ |
| Address _____ | | | | | | Apt/Unit _____ | | | |
| City _____ | | | Zip _____ | | Cell _____ | | | | |

Cast me with this friend or family member (**this may affect the size of your role**). Note: The other person that you request to be cast with must request you on his/her audition paperwork, as well.

Do you want to just be in the same play with your friends? Or in the same character group?

Same play
 Same character group

List ALL scheduled and potential conflicts below.

Note: Failure to disclose your conflicts may result in loss of lines or role.

List any disabilities, allergies, medical/mental conditions, eyewear required on stage, and makeup/fabric issues:

I do NOT want to sing.

I do NOT want to dance.

Check the shows that you can be in. The more shows you select, the greater your opportunity for a better part.

| Can | Show Title |
|--------------------------|--|
| <input type="checkbox"/> | I can do all shows! Give me the best possible part. |
| <input type="checkbox"/> | <i>The Phantom Tollbooth</i> at South Bellevue Community Center, Monday-Friday 5-7 p.m. |
| <input type="checkbox"/> | <i>The Monkey King</i> at Bellevue Youth Theatre, Monday-Friday 5-7 p.m. |
| <input type="checkbox"/> | <i>Madagascar, Jr.</i> at Bellevue Youth Theatre, Monday-Friday 5:30-7:30 p.m. |
| <input type="checkbox"/> | <i>The Twelve Days of Christmas</i> at Crossroads Community Center, Monday-Friday 5:30-7:30 p.m. |

Continue filling out form on the back. MUST BE SIGNED!

PLEASE PRINT NEATLY

PARENT INFORMATION: List all parents who live at the same address as the participant

| | |
|--|--|
| Name (first/last): _____ DOB: _____ | Name (first/last): _____ DOB: _____ |
| Sex _____ Male _____ Female _____ | Sex _____ Male _____ Female _____ |
| Cell _____ | Cell _____ |
| E-mail _____ | E-mail _____ |

May we share your contact information with the BYT Foundation? YES NO

of shows you've been involved with at BYT? _____ Last show and role with BYT? _____

Do you have any special skills? (e.g. singing, dancing, playing an instrument) What kind?

COSTUME QUESTIONS

Shirt Size: _____ Pant Size: _____ (For women) Dress Size: _____ Shoe Size: _____

WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren):

Participant or Parent/Guardian Signature (if participant is under 18) Date

Printed Name: _____

Registration NOT VALID without signed waiver.

PLEASE PRINT NEATLY