

Audition Form Winter 2023

Audition Number _____
Office use only

PARTICIPANT INFORMATION

Name (first/last): _____ Age: _____
E-mail: _____ Primary Phone: _____
Sex M F Date of Birth: _____ Height: _____
Address: _____ Apt/Unit: _____
City: _____ Zip: _____ Cell: _____

PARENT INFORMATION

Name: _____	Name: _____
Sex: M F DOB: _____	Sex: M F DOB: _____
Cell: _____	Cell: _____
E-mail: _____	E-mail: _____

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

Do you have any special skills (for example: singing, dancing, playing an instrument? What kind?)

May we share your contact information with the BYT Foundation? Yes No

Have you performed in a BYT play before? Yes No How many plays at BYT? _____

If yes, what was your last BYT play? _____

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

- _____ I can do all shows! Give me the best possible part.
- _____ I am interested in performing in two shows.
- _____ Winnie the Pooh, rehearses at South Bellevue Community Center, 5-7 p.m.
- _____ Beauty and the Beast, rehearses at Bellevue Youth Theatre, 5:30-7:30 p.m.
- _____ Amelia Earhart, rehearses at Crossroads Community Center, 5-7 p.m.
- _____ Peter Pan JR., Crossroads Community Center, 5-7 p.m.

COSTUME QUESTIONS

Shirt Size _____ Pant Size _____ Dress Size _____ Shoe Size _____

Rehearsal Commitment

Name: _____

I understand that I may be DROPPED from a show for any of the following reasons:

1. I have three unexcused absences and I do not call in.
2. I cannot make the rehearsals or performances during tech week.
3. Conflicts not listed on the Conflict Calendar including any conflicts during tech week or performances.
4. Improper behavior.
5. Change in appearance with the director's approval (for example: hair cut or colored, piercings, etc.)

I have read the rules above and understand the expectations and the conflict policy (**Check mark must be checked**).

WAIVER OF LIABILITY/PHOTO & VIDEO 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 the City-sponsored activity(ies) identified herein, 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 the City-sponsored activity(ies) identified herein. 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 in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / PHOTO & VIDEO RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

Participant's Parent/Legal Guardian

Printed Name

Date

Registration NOT VALID without signed waiver.