

# Audition Form Summer 2025

Audition Number \_\_\_\_\_  
(Office use only)

## ACTOR'S INFORMATION

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Actor's Name (first/last): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Actor's E-Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Actor's Cell: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

Name (first/last): \_\_\_\_\_

Name (first/last): \_\_\_\_\_

Date of Birth (mm/dd/yyyy) : \_\_\_\_\_

Date of Birth (mm/dd/yyyy) : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to Actor: \_\_\_\_\_

Relationship to Actor: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Allergens/makeup/fabric issues: \_\_\_\_\_

What accommodations or support do you need to succeed (Mobility support, large font size, etc.)?

# of BYT plays done? \_\_\_\_\_ Name/Year of last BYT play? \_\_\_\_\_

Please cast me with: (**Must request each other.** May affect part size.)

Would you like to be in the:                      Same cast                      Same character group

**TEENS:** Are you comfortable playing a romantic opposite?    Yes            No            I'd like to talk about it.

Please check all casts that you can be in. The more casts you select, the greater your opportunity for a better part. **Ages 13-19 can be in Amplify and another mainstage show.**

<input type="checkbox"/>	<b>GIVE ME THE BEST POSSIBLE ROLE. I'm available for any show!</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<i>Midsummer</i> : Oberon, 4-6 pm. Performs Aug 1-3.	<input type="checkbox"/>	<i>Midsummer</i> : Titania, 6-8 pm. Performs Aug 15-17.
<input type="checkbox"/>	<i>Midsummer</i> : Puck, 5-7 pm. Performs Aug 8-10.	<input type="checkbox"/>	<i>Amplify</i> , 6-8 pm. Performs Aug 22-24.

I give my permission for my contact information to be shared with the Bellevue Youth Theatre Foundation.

Yes                      No

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 Bellevue Youth Theatre Foundation to copyright, use, and publish the same.

Yes                      No

**You must complete both sides of this form.**

# Rehearsal Commitment

ACTOR'S NAME:

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

- I have three unexcused absences and I do not call in.
- I cannot make the rehearsals or performances during tech week.
- **Conflicts not listed on the Conflict Calendar including any conflicts during tech week or performances.**
- Improper behavior.
- Change in appearance without the director's approval (for example: hair cut or colored, piercings, etc.)
- Nonpayment of the \$150 non-resident fee by the completion of the first week of rehearsals (only applicable to non-Bellevue residents).

\_\_\_\_\_ 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.

ADULT PARTICIPANT OR  
PARTICIPANT'S PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

**Registration NOT VALID without signed waiver.**

**You must complete both sides of this form.**