

Fairmeadow 101 Dalmatians Conflict Sheet

Cast Member Name: _____

Please list ***all*** conflicts your child will have with 101 Dalmatians rehearsals. Include weekly commitments and specific dates, if applicable. If your cast member has no conflicts, please write "NO Conflicts" and turn in the form.

This form must be turned in at auditions. Cast members with missing conflict sheets are less likely to be considered for a speaking role. For your reference, rehearsal dates can be found on the next page.

Conflicts:

Date

Reason

Rehearsals:

- Wednesdays & Fridays 3:15 → 5:15pm
beginning Jan. 8th
- Dress Rehearsals / Tech Week
March 3 → 6
- Performances: March 7th & 8th

AUDITION # _____

FIRST NAME: _____ LAST NAME _____

GRADE IN SCHOOL: _____ AGE: _____ HEIGHT: _____ (INCHES) WEIGHT: _____

Please list your most recent performing experience below or attach a resume.

SHOW	ROLE	WHAT COMPANY OR SCHOOL
1. _____		
2. _____		
3. _____		

Please list your training experience (voice, acting or dance specific) below or attach a resume.

1. _____
2. _____
3. _____

CHARACTERS/ ROLES YOU'D LIKE TO BE CONSIDERED FOR:

- 1
- 2
- 3

CIRCLE THE FOLLOWING IF YOU CAN COMPLETE FULLY WITH CONFIDENCE: (CIRCLE)

CARTWHEEL AERIAL SPLITS BACK WALKOVER FRONT WALKOVER

DO YOU HAVE ANY OTHER VERY SPECIAL TRICK OR ABILITY? _____
(LIKE JUGGLING, WALK ON YOUR HANDS, ETC)

RATE THESE – 1 BEING YOUR FAVORITE, 3 BEING YOUR THIRD FAVORITE:
NO TIES ALLOWED ☺

ACTING _____ SINGING _____ DANCING _____



Participant Agreement

Please read this with your child to ensure that everyone involved understands the commitment necessary to create a successful experience for the cast in this production.

I, _____, understand that being in the cast of 101 Dalmatians is a privilege. I also realize that everyone has to do his/ her part to make this production a success. I will work hard at rehearsals, listen and be respectful. I will also memorize my lines, practice my songs/choreography at home and come prepared. I understand that if I am repeatedly disruptive I may be removed from the show, without a refund of my registration money. I understand that participation in the entire audition process is required.

Student Signature

Date

If I withdraw from a production for any reason after the cast list is posted, no refund will be issued.

I understand that my child is required to attend all scheduled rehearsals. I understand that our scheduling conflicts must be communicated prior to auditions and that missing rehearsals may prevent my child from being staged into scenes or result in removal from scenes.

Tech Week rehearsals are the week before the shows and are mandatory. No exceptions will be made. These rehearsal may run late so please be prepared for that.

I understand that cast members may be responsible for acquiring minor pieces of their costume. Keeping costs low is a priority to Stage Kids CA.

I will communicate to staff any special needs or requirements for my child. I understand that Stage Kids CA will not administer any medication.

I understand that 10 parent volunteer hours are required from my family.

Parent Signature

Date

101 Dalmatians - BIO

Jenita

Please take some time to answer these questions carefully and turn into ~~St. _____~~
~~Stage Manager by December 6~~

This form is used to create your biography for the lobby wall!

NAME:

WHAT SCHOOL DO YOU ATTEND? ~~St. _____~~

GRADE IN SCHOOL:

OTHER SHOWS YOU'VE BEEN IN:

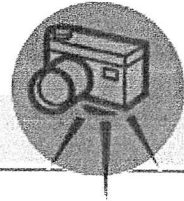
OTHER DANCE, ACTING OR VOICE LESSONS?

WHAT ARE YOUR OTHER INTERESTS, HOBBIES OR ACTIVITIES?

WHAT IS YOUR FAVORITE THING TO DO IN YOUR FREE TIME?

IS THERE ANYONE SPECIAL YOU'D LIKE TO THANK OR DEDICATE YOUR PERFORMANCE TO? WHY?

Media Release Form



I, the undersigned, do hereby consent and agree that Stage Kids CA, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child during Theatre Arts School and productions. I give permission for Stage Kids CA to use these in any and all media, now or hereafter known.

I do hereby release to Stage Kids CA, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used by Stage Kids CA.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that any media images taken of my children will be done with respect and not shared with any other organization for use.

Child's Name: _____

Parent's Name: _____ Date: _

Signature: _____

Address: _____

Phone: _____

~~~~~  
~~~~~

___ I DO NOT want my child to appear in any media images taken by Stage Kids CA.

Parent's Name: _____ Date: _

Signature: _____

Stage Kids CA
Emergency Contact and Medical Information

Child's Name

Date of Birth

Age

M F
Gender

Father's/Guardian's Name

Mother's/Guardian's Name

()

Home Phone

()

Work or Cell Phone

()

Home Phone

()

Work or Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

Home Phone

()

Work or Cell Phone

()

Home Phone

()

Work or Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Please list allergies (including any known food allergies and any Special Health Considerations that your child has).

In the event of an accident or other emergency, when the above emergency contacts are unavailable, I hereby authorize a representative of Stage Kids CA to make arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the licensed physician, dentist or surgeon attending my child to undertake such care and treatment of my child as he/she considers necessary.

Parent's/Guardian's Signature

Date