

Newsies Audition Application

Name (Participant): _____

Age: ____ Grade/School: _____

Parent/ Guardian: _____

Email: _____

Phone: Cell (Parent): _____

Cell (Student): _____

Additional Contact: _____ Phone: _____

T-shirt Size: YS ____ YM ____ YL ____ Adult S ____ Adult M ____ Adult L ____ Adult XL ____

Pants Size: _____ Inseam (if known) _____

Is your child allergic to face paint? ____ yes ____ no

Other Allergies/Needed info

: _____

Practice Times: PLEASE SEE CALENDAR.

IMPORTANT!!! Please list ANY conflicts or vacations between January, 2- March 8, 2025. *All rehearsals/practices are mandatory)** _____

Amount paid _____

Student Agreements

Casting Agreement:

I agree to play any role assigned to me without complaint. In doing so, I also agree to wear the costumes, wig or hairstyle of the director's choosing. I also agree to wear a modest base layer and attire throughout rehearsal and performance dates.

Student Signature: _____ Date: _____

Behavioral Agreement:

I agree to abide by all theater rules while at rehearsals and performances. I agree to be respectful towards my directors, CCT team leaders and peers. I understand if I violate this agreement it could result in removing me from the cast/show. I also understand due to my behavioral concerns I may not be allowed to participate in future CCT productions.

Student Signature: _____ Date: _____

Attendance Agreement:

By accepting a role, I agree to attend all practices, rehearsals and performances for *Peter Pan* as defined by the rehearsal schedule. If I do not follow through on this commitment, I understand this could forfeit my role and my participation in the play.

Student Signature: _____ Date _____

Parent Agreements

I understand the commitments required for my child to participate in this production, including attendance of all mandatory rehearsals and performances as defined by the schedule, and agree to support my child's involvement in this activity by ensuring they are in attendance when necessary and following through on their commitment to learn their lines at home.

I have received and agree to Children's Community Theatre's Policies and Procedures outlined in the P&P handout (see handout).

I agree that if myself, another parent/guardian or if my child(ren) violates the above behavioral agreement it could result in them being removed from the cast/show with NO refund. The directors reserve the right to determine if a child/family will be removed from the program. I also understand due to my child(ren)'s behavioral concerns and/or not meeting attendance requirements they may not be allowed to participate in future CCT productions.

Siblings acting

Please be aware siblings will be cast into different roles/ age groups, which may mean they need to arrive and be picked up at different times certain days.

They will, however, be put in the same color cast and perform together in the same show.

Show Requirements

***Parents of Main Cast Participants:**

I agree to sign up for 1 Job before the show AND one job during the show. Please see the Sign up Genius link in the parent group for Main Cast/Ensemble.

***Parents of Littles (ages 6-9):**

I agree to volunteer during 1 **rehearsal** AND **one show helping monitor the littles cast**. You can pick a night your child isn't performing if you don't want to miss the show.

Following the show, I understand it is my responsibility to follow my child to the receiving line, remain with them, and help them out of their costume/putting all costume items back on hangers and in baskets.

I realize *Children's Community Theatre* is not responsible for any personal items that are brought to and from practices or during performances.

I hereby give permission for *Children's Community Theatre* to use photos or videos from *Snow White* for promotional purposes including social media, website and press releases.

Parent Signature: _____

Date: _____

**Children's Community Theatre
Of Shiawassee County**

INDIVIDUAL RELEASE AND HOLD-HARMLESS AGREEMENT

I understand that participation in the Children's Community Theatre involves a certain degree of risk that could result in injury, death or loss or damage to person or property. After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with this activity its employees, officers, directors, agents, volunteers and members.

Name of Participant (please print): _____

Signature (if 18 or over): Date: _____

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Name of Parent/Guardian (please print): _____

Parent/Guardian: _____ Date: _____

(For Directors' Use Only)

PAID IN FULL _____ Date: _____

AUDITION EVALUATION

Participant's Name _____

Age: _____ Are they a "little"auditioning up? _____

Which roles are you most interested in being? 1. _____

2. _____

3. _____

Are you willing to accept any role you are given? _____

Do you have any previous stage or auditioning experience? ___yes ___no

What roles? _____

Do you have dance experience? ___yes ___no

How Long? _____

Would you be interested in a solo part? Yes ___ No ___

Being a part of the dances/ chorus? _____

(Ages 6-9) do you have a parrot voice? Yes ___ No ___

(Ages 10-18) Can you beatbox/rap? Yes ___ No ___

Part(s) Auditioned: _____

Acting/Vocal/Dance Scores

Poor (1)

Fair (2)

Good (3)

Excellent(4)

	Poor (1)	Fair (2)	Good (3)	Excellent(4)
Projection				
Believability/Expression				
Memorization				
Attitude/Willingness/improved				
Vocals				
Dance				

Total Score: _____

Additional Notes: _____

Possible Parts: _____

Part (s) given: _____