

ROBIN HOOD AUDITION Form

Please note that for **children under the age of 16**, a parent/guardian must read the following information and complete this **AUDITION CONSENT AND SCHEDULING CONFLICT INFORMATION FORM** prior to the audition.

Child's Name (please PRINT) _____

School _____

Age _____ Height _____ Hair Colour _____

Medical Conditions/Allergies? _____

Address _____

Mom's Phone _____ Email _____

Dad's Phone _____ Email _____

Emergency Contact _____ Phone _____

Performance Experience (previous shows, singing, dance, choir, etc...)

What is your vocal range? singing high notes singing low notes

Do you prefer singing on your own or in a group? _____

Is there a particular role you wish to be considered for? _____

If not cast as a Lead - would you still like to be in the company? Y or N

Is Mom or Dad available to volunteer to help behind-the-scenes? Y or N

If yes, please indicate how _____

**“ROBIN HOOD” AUDITION CONSENT AND
SCHEDULING CONFLICT INFORMATION FORM**

Please list **ALL SCHEDULING CONFLICTS** during the **REHEARSAL PERIOD*** that will prevent you from being present with us!

N.B. This **REHEARSAL PERIOD*** includes

- ❖ **TUESDAY EVENINGS** from **7:00-10:00 P.M.**
(**SEPTEMBER 4 THROUGH NOVEMBER 27**)
- ❖ **SATURDAYS** (**SEPTEMBER 8, 15, 22, OCTOBER 6 and NOVEMBER 17**)
- ❖ **SUNDAY AFTERNOONS** from **1:00-6:00 P.M.**
(**SEPTEMBER 23 – NOVEMBER 11**)

**PERFORMANCE DATES- NOVEMBER 24, 30, and DECEMBER 1 (EVENINGS) and
NOVEMBER 18, 24, 25, and DECEMBER 1 and 2 (MATINEES)
ARRIVING NO LATER THAN 7:00 P.M. or 1:00 P.M. DOWNSTAIRS**

VOCAL WARMUPS TAKE PLACE AT 7:15 P.M. AND 1:15 P.M. ON STAGE ACCORDINGLY

DATE/S UNAVAILABLE: _____

As legal guardian/s of this child, I/we give permission for _____ to attend in a timely manner all rehearsals and performances of this production of “ROBIN HOOD”. Accidents can occur without any fault on either the part of the child or *Century Theatre Guild* in the theatre facility during this production. By choosing for your child to participate in this production, I/we are assuming the risk of an accident happening. The chances of an accident happening can be greatly reduced by carefully following instructions and safety measures at all times while involved in this production. Should an accident or illness occur, I/we will be contacted and emergency treatment will be given to our son/daughter.

When participating in *Century Theatre Guild* events, _____ may be photographed for print, video, or electronic imaging. I/we understand that the images may be used in promotional materials, new releases, and other published online and print formats for *Century Theatre Guild*. Please bear in mind that comments, photos or video from this production may not be posted by cast members or volunteers including children and their parents without the express consent of *Century Theatre Guild*. I/we consent to the display, publication and/or sharing of _____’s name and photo/video image on the *Century Church Theatre* website or *Facebook/YouTube* social media channels.

I/we have read the rehearsal and performance schedule listed above and all schedule conflicts that I/we are aware of are listed accordingly. If my/our child is cast, I/we agree to clear her/his schedule for the Required Rehearsals listed above and not add any additional weekly conflicts during the rehearsal period.

Parent/Guardian Signature _____ **Date** _____