

# SLEEPING BEAUTY 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 \_\_\_\_\_

**“SLEEPING BEAUTY” AUDITION PERMISSION 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 3 THROUGH NOVEMBER 26)**  
**SATURDAYS (SEPTEMBER 7, 14, 21, OCTOBER 12 and NOVEMBER 16)** as well as  
❖ **SUNDAY AFTERNOONS** from **1:00-6:00 P.M.**  
**(SEPTEMBER 22 THROUGH DECEMBER 1)**

**PERFORMANCE DATES- NOVEMBER 23, 29, 30 (EVENINGS) and  
NOVEMBER 17, 23, 24, 30 and DECEMBER 1 (MATINEES)**  
**ARRIVING NO LATER THAN 7:00 P.M. or 1:00 P.M. DOWNSTAIRS**  
**\*VOCAL WARMUPS TAKE PLACE AT 7:15 AND 1:15 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 “SLEEPING BEAUTY”. Accidents can occur without any fault on either the part of the child or *Century Theatre Guild* 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, emergency treatment 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/shared 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** \_\_\_\_\_