



Audition Application – please complete both sides and bring this to your audition.

First Name and preferred pronoun (he, she, they)

Last Name

Address

City, ST ZIP Code

Email Address Write clearly!) (This should be the number and address you want us to use for cast communication)

Cell phone

Parent Cell Phone (if under 18)

Height

Age

Vocal range or part if known

Parent's/Guardian's Name (If under 18 yrs of age)

Additional Parent Phone Number/email

Emergency Contact and Medical Authorization

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature

Printed Name

Cast Member Information

What part(s) are you auditioning for? (Circle **all** that apply or write in specific roles)

Lead

Ensemble

Are you willing to be double cast, or if ensemble, understudy a lead?

What school do you go to?

Are you currently in or plan to audition for any other shows during this time ?

How did you find out about this audition?

If not cast, are you interested in working backstage, on tech, props, or any other production support?

Please list your past singing, dancing, acting or performance training and experience below or on the back - or attach a resume. Be specific. Include special skills such as gymnastics, juggling, martial arts, accents, fencing, etc. Please include where you took training or class, or from whom.

Photo Release

Sierra School of Performing Arts takes pictures and video during rehearsals and performances for use in media promotions, television, newspaper, grant proposals, our website, and social media. By signing below you consent to Sierra School of Performing Arts' use of photographs, images, and videos containing your image.

Signature of Actor

Printed Name

Parent's/Guardian's Name (If under 18 yrs of age)

Printed Name

Signatures

I have read the entire audition information packet and understand the commitment, costs, and responsibilities outlined therein.

Signature of Actor

Date

Parent's/Guardian's Name (If under 18 yrs of age)

Date

CONFLICT DATES:

Please refer to the rehearsal/performance schedule located in the audition information packet and list the dates of any known or anticipated vacations, trips, or other commitments between May 9 and August 23. (If you are not sure, include the dates and note that they are tentative.)