



Seussical Jr. Audition Information & Instructions

AUDITIONS:

We are so happy you are considering auditioning for *Seussical, Jr.* at Carmel Del Mar. Auditions are open to all 3rd -6th graders. Everyone must learn one of the two music cuts and present it to the audition panel. The music cuts are available on the Drama Club webpage of the PTA website: <http://www.carmeldelmarpta.com>

You may audition on Wednesday, October 30th, from 12:30-2:30pm. Just show up to the MUR with your audition paperwork and production fee and perform your chosen music cut (auditions are first come first serve). **Everyone who auditions will be cast in the show** (up to 45 students total).

CALLBACKS:

Everyone who auditions will be needed for callbacks, and you should be ready to read and/or sing/dance on Friday, November 1st, from 2:30-4:30 in the MUR.

FORMS:

If you choose to audition, please fill out the audition form and student contract. Parents or guardians need to sign the attached portion of the contract in order for their student to participate. See below.

AUDITION MUSIC:

Your audition selection should be performance-ready. It is best to practice and memorize your selection. We will have the music tracks ready for you in the audition room. You just need to show up with your signed parent/student contract and audition form, and sing the music cut.

PRODUCTION FEE:

The production fee is \$350 (\$175 for the second family member) and includes your child's costumes (except for shoes and undressings). *Please see the last page of this packet for payment information.*

Audition Form

Name: _____ Parent email: _____

Grade: _____ Teacher: _____ Parent mobile: _____

Have you ever been in a Musical Production? (Circle One) YES / NO

Please list any other shows/productions you've done:

SHOW	ROLE	THEATRE COMPANY

What role(s)/part(s) would you like in this production?: _____

If you are not cast in *that* role, would you accept any other role/parts? YES / NO

Dance Experience:

YES — _____ years with _____ dance studio/teacher.

NO — I do not have dance experience.

*Rehearsals are typically on Monday 2:30-4:30, Wednesdays 12:30-2:30, and Fridays 2:30-4:30. Tech *Saturday* is January 25th and Tech Week is Monday, January 27th through Wednesday January 29th, with performances on January 30th and 31st and February 1st, 2019. *Not everyone is called to every rehearsal.*

Please list any conflicts you have with rehearsal times (NO conflicts allowed for tech or performances):



October 11, 2019

Dear Parents and Students:

We are so glad you are interested in participating in the production of *Seussical, Jr.* We are looking forward to a great year of musical theatre at Carmel Del Mar!

Please be advised that this is a big commitment and will require regular attendance at rehearsals that will be **Mondays** from **2:30-4:30pm**, **Wednesdays** from **12:30-2:30pm**, and **Fridays** from **2:30-4:30pm**. Not everyone will be called to every rehearsal but if you are cast as a lead, you need to be available on all of these regular times. No more than three unexcused absences will be allowed from any cast member.

Parents please understand that our rehearsal time is very limited and we want to give the students every opportunity to have a successful and positive experience. Their behavior and attitude during rehearsals determines what we are able to accomplish. Students who are not cooperative during practice will receive two warnings. **If your student receives a third warning for inappropriate behavior, they will be taken out of the scene we are working on. If there is continued inappropriate behavior they may be dismissed from the production entirely.**

Please make sure you check the rehearsal calendar and Tech Week schedule **before** you commit to the show. *During the three weeks leading up to performances there will be additional rehearsals. Any students who cannot be at every tech week rehearsal for the ENTIRE rehearsal cannot participate in the show.* Tech/Performance week is Saturday, January 25th-Saturday, February 1st, 2020.

We can't wait to get started! Our goal is to create a place your child can have fun while working hard in cooperation with others to create something of which they can be proud.

Thank you for your support!

-Sean Boyd, Artistic Director
Trinity Theatre Company

Student and Parent Contract
Seussical, Jr.

COMMITMENT & BEHAVIOR AGREEMENT

Student Name: _____ **Grade:** _____ **Teacher:** _____

I agree to attend all required rehearsals, and will give my best effort in learning and practicing my assigned parts.

Note: no more than 3 unexcused absences are permitted.

I will abide by the rules and expectations during rehearsals and performances for *Seussical, Jr.* and I understand that I will receive two warnings and that after the third I will be taken out of the scene. After another warning, I may be removed from the production entirely.

Student Signature: _____

PARENT COMMITMENT AGREEMENT

Primary Parent/Guardian Name: _____

Email: _____ **Mobile phone:** _____

Secondary Parent/Guardian Name: _____

Email: _____ **Mobile phone:** _____

I realize that there will be *additional* rehearsals (including several that are 4 hours long) during the *weeks leading up to the performances*. I will make sure my student is available to attend these important rehearsals.

I understand that there may be a case where my child is not included in a particular scene if he/she was not at the rehearsal when the parts were assigned and the choreography was taught.

As the parent/guardian of a Drama Club participant, I agree to pay \$350 (\$175 for second family member) production fee and if possible, a donation of my time, and/or by providing food, drinks, or money for snacks and meals.

Parent Signature: _____ **Date:** _____

PERMISSION FOR AFTER-SCHOOL AND EVENING REHEARSALS

Seussical, Jr.

My student, _____, has my permission to attend rehearsals on Mondays from 2:30pm-4:30pm, Wednesdays from 12:30-2:30, and Fridays 2:30-4:30. I will make certain that my child **will be picked up within 10 minutes of the ending time of the rehearsal.***

Please check all that apply:

___ I will pick up my student on time after rehearsals.

___ my student will walk home

___ student will return to child care

___ my student will ride their bike home

___ my student *may* be picked up by the following people:

Name: _____ Mobile: _____

Name: _____ Mobile: _____

Parent/guardian Signature: _____

Parent/guardian mobile phone: _____

* If you or someone you designate is habitually late to pick up your student, we will **dismiss** your student from the cast. Please be respectful. Thank you!

Please take the time to read, initial in four places, sign and return.

LIABILITY RELEASE

I understand that there are hazards and risks, as well as benefits, associated with my child's participation in educational, recreational, and/or performance activities in Trinity Theatre productions; including but not limited to the risk of theft, damage to personal property, and/or personal injury. I, on behalf of myself, my child, or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, that I or my child, have or may have against Trinity Theatre and/or its directors, officers, employees, agents, assigns, or contractors.

Initial: _____

IMAGE/NAME PERMISSION & RELEASE

Occasionally, Trinity Theatre staff members wish to photograph, videotape, or otherwise record the activities of our theatre school students for publicity uses or for our archives. I give permission for my child as a participant in the Program to be videotaped, photographed or otherwise have his or her image and voice recorded, in connection with the Program. I give permission for Trinity Theatre to use-said videotape, photograph, name and/or recorded materials. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Initial: _____

REFUND POLICY

I understand that after my child attends their first day of camp, class or rehearsal no refunds will be issued for any reason.

Initial: _____

VOLUNTEER POLICY

I understand that I may be asked to assist with the show, by ushering performances, or helping with tech, set, costumes, or front of house display. I will communicate with the PTA or the Volunteer Coordinator if I am unable to assist.

Initial: _____

I am an adult, competent to sign this document. My initials by each section above, and signature below, indicate I have read and understand the contents.

ACCEPTED AND AGREED BY:

Parent's/Guardian's Name Date

Parent's/Guardian's Signature Date

Student's Name

Date of Birth

Address

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

Parent's E-Mail 1: _____

Parent's E-Mail 2: _____

Please list any food allergies, or medical conditions your child has or medications they are currently taking:

TUITION: \$350/student (\$175 for each additional sibling participant)

Payment: Cash Check Amex MasterCard Visa Discover

Card # _____ Exp. _____ Sec. Code _____

Name on Card _____

Signature _____

Amount to be charged \$ _____

I authorize my card to be charged for the above amount.

Payment can also be processed online at <https://app.arts-people.com/index.php?class=tott>
Checks payable to Trinity Theatre Company. Call (619) 838-7233 with any questions.



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the 2019-2020 school year (including student, siblings and parents):

- 1. _____
Participant Name Age, if minor child

- 2. _____
Participant Name Age, if minor child

- 3. _____
Participant Name Age, if minor child

- 4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- 1. _____
Parent/Guardian Signature Print Name Date

- 2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)