



Do NOT write in this box.

Auditioner Name: _____

Male Female Other/Prefer not to share Preferred pronouns: _____

Birth Date: _____ Hair Color: _____ Shirt Size: _____ Height: _____

Age: _____ Grade: _____ School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you been in a Youtheatre Class/Camp/Play before? Yes No Currently involved

If yes, most recent class/camp/play _____

Do you have dance experience? No Yes

If so, what styles/how long have you danced? _____

Do you have ballet experience? No Yes Experience en pointe? No Yes (mark one below)

Where was your ballet instruction through? _____ Onstage In class only

Do you sing? No Yes What is your vocal range? S A T B ?

Do you play an instrument? If so, what? _____

Parent Name: _____

Primary Phone: _____ Parent E-mail: _____

Student Phone: _____ Student E-mail: _____

Secondary Phone: _____

Are you interested in a specific role? If so, which one(s)? _____

Would you accept any role offered? Yes No, Specify: _____

Mark any of the following categories you might be interested in pursuing at Youtheatre

Performing Stage Managing Back Stage Crew Costumes Props Set Construction/Painting

Please list the most recent productions you've been involved in. Please include backstage opportunities as well!

Date	Most Recent Show(s)	Character/Role	Where

ANASTASTIA REHEARSAL SCHEDULE 2024

SUN	MON	TUE	WED	THU	FRI	SAT
OCT 20	OCT 21 REHEARSAL 4:30-6:30/7:00	OCT 22 REHEARSAL 4:30-6:30/7:00	OCT 23 REHEARSAL 4:30-6:30/7:00	OCT 24 REHEARSAL 4:30-6:30/7:00	OCT 25 REHEARSAL 4:30-6:30/7:00	OCT 26
OCT 27	OCT 28 REHEARSAL 4:30-6:30/7:00	OCT 29 REHEARSAL 4:30-6:30/7:00	OCT 30 REHEARSAL 4:30-6:30/7:00	OCT 31 REHEARSAL 4:30-6:30/7:00	NOV 1 REHEARSAL 4:30-6:30/7:00	NOV 2
NOV 3	NOV 4 REHEARSAL 4:30-6:30/7:00	NOV 5 REHEARSAL 4:30-6:30/7:00	NOV 6 REHEARSAL 4:30-6:30/7:00	NOV 7 REHEARSAL 4:30-6:30/7:00	NOV 8 REHEARSAL 4:30-6:30/7:00	NOV 9
NOV 10	NOV 11 REHEARSAL 4:30-6:30/7:00	NOV 12 REHEARSAL 4:30-6:30/7:00	NOV 13 REHEARSAL 4:30-6:30/7:00	NOV 14 REHEARSAL 4:30-6:30/7:00	NOV 15 REHEARSAL 4:30-6:30/7:00	NOV 16
NOV 17	NOV 18 REHEARSAL 4:30-6:30/7:00	NOV 19 REHEARSAL 4:30-6:30/7:00	NOV 20 REHEARSAL 4:30-6:30/7:00	NOV 21 REHEARSAL 4:30-6:30/7:00	NOV 22 REHEARSAL 4:30-6:30/7:00	NOV 23
NOV 24	NOV 25 REHEARSAL 4:30-6:30/7:00	NOV 26 REHEARSAL 4:30-6:30/7:00	NOV 27 NO REHEARSAL	NOV 28 NO REHEARSAL HAPPY THANKSGIVING	NOV 29 BREAKFAST WITH SANTA 10:00 - 10:30 AM NO REHEARSAL	NOV 30 BREAKFAST WITH SANTA 10:00 - 10:30 AM
DEC 1	DEC 2 REHEARSAL 4:30-6:30/7:00	DEC 3 REHEARSAL 4:30-6:30/7:00	DEC 4 REHEARSAL 4:30-6:30/7:00	DEC 5 REHEARSAL 4:30-6:30/7:00	DEC 6 REHEARSAL 4:30-6:30/7:00	DEC 7
DEC 8 NO CONFLICTS TECH SUNDAY 12:00-5:00	DEC 9 NO CONFLICTS TECH 4:30 - 8:00	DEC 10 NO CONFLICTS TECH 4:30 - 8:00	DEC 11 NO CONFLICTS TECH 4:30 - 8:00	DEC 12 NO CONFLICTS TECH 4:30 - 8:00	DEC 13 NO CONFLICTS PERFORMANCE CALL 6:00 PM SHOW 7:00 PM	DEC 14 NO CONFLICTS PERFORMANCE CALL 2:00 PM SHOW 3:00 PM
DEC 15 NO CONFLICTS PERFORMANCE CALL 2:00 PM SHOW 3:00 PM	DEC 16 NO CONFLICTS PERFORMANCE CALL 9:00 AM SHOW 10:00 AM	DEC 17	DEC 18	DEC 19 NO CONFLICTS PERFORMANCE CALL 6:00 PM SHOW 7:00 PM	DEC 20 NO CONFLICTS PERFORMANCE CALL 6:00 PM SHOW 7:00 PM	DEC 21 NO CONFLICTS BREAKFAST WITH SANTA 10:00 AM CALL 11:00 AM SHOW 12:00 PM & 3:00 PM
DEC 22 NO CONFLICTS PERFORMANCE CALL 2:00 PM SHOW 3:00 PM	DEC 23	DEC 24	DEC 25	DEC 26	DEC 27	DEC 28

- Please list **ALL** conflicts that you have during the rehearsal schedule.
- Do **NOT** list as a conflict if it is something you can change or work around.
- Put an “X” if you can’t come at all, or write the specific times you **CAN** be there within the rehearsal time period in the additional comment section.

IMPORTANT NOTE ABOUT REHEARSALS:

Not all actors will be called for
all dates and times.
Schedules will be made after casting.

Additional Comments:

Are you able to attend callbacks on
Wednesday, October 2nd?

Yes No

Waiver of Liability & Photo Release Form

- Waiver and Release of Liability.** I acknowledge that serving as a student may involve a risk of personal injury (including fatal injuries) and property damage. I knowingly assume any and all risks associated with my student experience. I, for myself, my personal representatives and all others who might have a similar claim, hereby irrevocably and unconditionally FOREVER release, waive and discharge any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, suits, rights, demands, costs, losses, debts and expenses arising directly or indirectly from my volunteer experience (collectively, "Claims") against Organization, Arts United or any of their respective affiliates, owners, predecessors, successors, assigns, agents, directors, officers, employees and representatives (the "Released Parties"). I understand that this Section 1 applies to all Claims of any nature whatsoever, whether known or unsuspected, foreseen or unforeseen.
- Photo Release.** The Fort Wayne Youtheatre has my permission to use my or my child's photograph/video publicly for any marketing or promotional materials. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
- Hold Harmless.** I agree to DEFEND, indemnify and hold harmless any of the Released Parties from any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind (including without limitation attorneys' fees) that are incurred or suffered by any of the Released Parties (collectively, "Losses") on account of any and all third party charges, complaints, actions, suits, demands and claims (collectively, "Third-Party Claims") arising directly or indirectly from my failure to comply with the terms and conditions of this Agreement or my negligent act(s) or omission(s) or reckless or willful misconduct in connection with my volunteer services with Organization.
- Consent.** Without limiting the foregoing, (a) in the event I sustain a personal injury as a result of my services as a student to Organization, I authorize all necessary medical treatment that may be prescribed by qualified medical personnel, and I agree that I will be solely responsible for payment of all costs arising from any such injury and medical treatment; and (b) I consent to the use of my name and/or photograph or likeness by Organization without any compensation or inspection.
- General Provisions.** (a) Any proposed amendment, discharge, termination or change to this Student Release and Waiver of Liability ("Release") must be in writing and authorized by Organization in writing. (b) The waiver by Organization of a breach of any provision of this Release shall not operate or be construed as a waiver of any subsequent breach, and no waiver shall be valid unless it is in writing and is signed by the party against whom such waiver is sought. (c) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release is to be construed in accordance with the laws of the State of Indiana, and any dispute regarding the matters set forth herein shall be resolved in the federal or state courts sitting in Allen County, Indiana. (d) I expressly agree that if any provision of this Release is held invalid, that the balance of the Release shall, notwithstanding, continue in full legal force. (e) I understand that the terms and conditions of the following provisions of this Agreement will survive my completion of the volunteer experience with Organization: Sections 1, 3, 4 and 5.
- Marketing.** I consent to receiving emails and further communications from Fort Wayne Youtheatre.

Auditioner's Signature _____

Date: _____

Parent's Signature _____
(If under 18)

Date: _____