



# A Charlie Brown Christmas Auditions



Do NOT write in this box.

For the health & safety of our young actors & staff, Youth theatre strongly recommends all eligible participants get the COVID-19 vaccine prior to auditions.

Auditioner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male  Female  Other Preferred Pronouns: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

For those of eligible age, are you vaccinated for Covid-19?  Yes  No  Prefer Not to Answer

(Note: This information will help us comply with the rules set forth by our rented venues & determine safety protocols, especially for vocal rehearsals. It will not be a determining factor in casting.)

Birth Date: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Height: \_\_\_\_\_

Have you been in a Youth theatre Class/Play before?  Yes  No If yes, most recent class/play \_\_\_\_\_

Parent Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

Do you Sing? \_\_\_\_\_ What is your Vocal Range?:  S  A  T  B  Not Sure

Do you Play an Instrument? If so, what? \_\_\_\_\_

Do you Dance? \_\_\_\_\_ If Yes, in what style(s) & Experience Level: \_\_\_\_\_

Can you roller skate or rollerblade?  Yes  No How well? \_\_\_\_\_

Do you have your own skates or blades?  Yes  No

Are you interested in a specific Role, if so which role? \_\_\_\_\_

Would you accept any role offered to you?  Yes  No Specify: \_\_\_\_\_

If not cast, would you be interested in working backstage on the show?  Yes  No

Please add your most recent productions you have been involved in, if any, along with your character and where it was.

Date	Most Recent Show(s)	Character	Where

We strongly recommend that you have NO conflicts, as they will affect your chances of being cast. **Please list ALL conflicts in the rehearsal schedule below. Do NOT list as a conflict if it is something you can change or work around. Put an "X" beside dates you cannot attend, or write the specific times you CAN be there within the rehearsal time period. If you are willing to skip a conflict, it's NOT A CONFLICT & should NOT be listed.**

**Rehearsals: Monday - Friday, 4:30-6:30/7pm**

Oct. 30: \_\_\_\_\_ Nov. 6: \_\_\_\_\_ Nov. 13: \_\_\_\_\_ Nov. 20: \_\_\_\_\_ Nov. 27: \_\_\_\_\_  
 Oct. 31: \_\_\_\_\_ Nov. 7: \_\_\_\_\_ Nov. 14: \_\_\_\_\_ Nov. 21: \_\_\_\_\_ Nov. 28: \_\_\_\_\_  
 Nov. 1: \_\_\_\_\_ Nov. 8: \_\_\_\_\_ Nov. 15: \_\_\_\_\_ Nov. 22: OFF Nov. 29: \_\_\_\_\_  
 Nov. 2: \_\_\_\_\_ Nov. 9: \_\_\_\_\_ Nov. 16: \_\_\_\_\_ Nov. 23: OFF Nov. 30: \_\_\_\_\_  
 Nov. 3: \_\_\_\_\_ Nov. 10: \_\_\_\_\_ Nov. 17: \_\_\_\_\_ Nov. 24: OFF Dec. 1: \_\_\_\_\_

Additional Comments/Specifics: \_\_\_\_\_

**Tech Week: - NO CONFLICTS**

Sun, Dec. 3 (Noon-5)  
 Mon, Dec. 4 (4:30- 8)  
 Tues, Dec. 5 (4:30-8)  
 Wed, Dec. 6 (4:30-8)  
 Thurs, Dec. 7 (4:30-8)

**SANTA BREAKFAST EVENTS:**

(Not all will be required for these. Ability to perform at these will not affect casting.)  
 Fri, Nov. 24: \_\_\_\_\_(10AM)  
 Sat, Nov. 25: \_\_\_\_\_(10AM)  
 Sat, Dec. 16: \_\_\_\_\_ (10AM)

**Performances - NO CONFLICTS**

Dec. 8 (7PM), 9 (3PM), 10 (3PM), 15 (7PM), 16 (12 & 3PM), 17 (3PM)  
 School Performance @ FPT: Dec. 11 @ 10AM  
 Sensory Friendly Performance @ FPT: Thurs. Dec. 14 @ 7PM  
*Note: Call times = Approx. 1 hour prior to Curtain.*

I am available for Callbacks on Wed. Oct. 11 from 4:30-6:30pm.

*\*I acknowledge due to Covid-19 policies/procedures may differ from normal operations and agree to abide by such new policies/procedures*

**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 unknown, suspected or unsuspected, foreseen or unforeseen.
- Photo Release.** The Fort Wayne Youththeatre 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.

By signing below you are stating that you have read all information on this form and understand all the above statements

Are you 18 years old or above?  Yes  No

Auditioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if under 18)