



Albert Einstein Middle School "The Addams Family"

General Information

Student Name _____ Student's Pronouns _____ Grade _____

Student's Birthday _____

Student's Email _____ Student's Phone Number _____

ASES/After School? (Circle One) Y or N : Name of After School Teacher _____

Mother's/ Guardian 1 Name _____ Phone: _____

Mother's/ Guardian 1 Email _____

Father's/ Guardian 2 Name _____ Phone: _____

Father's/ Guardian 2 Email _____



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Emergency and Medical Information

Emergency Contact Name _____ Phone: _____

Relationship to the Student: _____

Physician to Be Called In Emergency

Name _____

Hospital _____ Phone: _____

Address _____

Names of persons authorized to take the child from the facility.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Medical Insurance _____ Policy Number _____

1.) Allergies or Other Medical Limitations (i.e. Bee sting, asthma, etc.)

2.) Medications, health, special needs, disabilities, or medical diagnosis (i.e. ADD, ADHD, asthma, diabetes)

3.) Any additional information we should know about your child?

Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to the provision of medical care for a child in the absence of the parent. The exact procedure required by the physical or hospital to be used in emergencies should be verified in advance. In case of an accident or an emergency, I authorize a staff member of the Sacramento Theatre Company to take my child to the above-mentioned physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature (Parent or Guardian) _____ Date: _____



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Audition Form

Costume measurement

Height _____ Shirt Size _____ Pants Size _____ Shoe Size _____

1.) Do you have any dance experience? (please circle one) Y or N

What type of dance? _____

How many years? _____

2.) Do you have any singing experience? (please circle one) Y or N

What experience do you have in singing? (Please list the level or how many years.)

3.) Do you play an instrument? (please circle one) Y or N

What instrument? _____

How many years? _____

4.) Please list theatre/singing/dance experience including the year (e.g. shows, concerts, recitals, classes) or attach your resume.

5.) Please list any special/unique skills you may have (e.g. juggling/sword play/tumbling, etc.):

6.) What type of role are you interested in? (Doing a musical is an ensemble effort so there are no small parts. We will have fun no matter what role you have!)

Please circle as many that apply:

Principal/lead role Supporting role Soloist Ensemble Any

7.) Is there a specific role you are interested in? Please list the character/s below. (Please remember that this is not a guarantee that you will be placed in this role. Please also note that you might be placed in a role you did not audition for.)



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Scheduling Conflicts (Production dates: March 5 - May 18)		
Date(s)	Reason(s)	Time(s)

I understand the following policies for participating in the production at Albert Einstein Middle School:

- Being a part of this production is a large commitment and I understand that STC can only work rehearsal schedules around any extracurricular activities previously listed on the Conflict Sheet.
- Any absence, not listed on the Conflict Sheet, must be communicated 24 hours prior to rehearsal to the stage manager directly.
- The commitment begins (first rehearsal) and ends (last show/rehearsal).
- I acknowledge receipt of the production calendar and I am available unless my conflict was approved.
- I will notify STC staff of *ALL* scheduling conflicts *before* accepting a role.
- I understand that I may not be called at every rehearsal.
- I will acknowledge receipt of the weekly schedule and inform the stage manager immediately if I have not received the information by the Saturday before the Monday rehearsal.

Please sign that you understand this agreement before auditioning:

STUDENT NAME (printed): _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (printed): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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Student Parent Agreement

The following are the basic responsibilities STC expects all company members (acting and technical students) to fulfill while they are working on a production. We are asking parents to sign the attached form to indicate knowledge of the responsibilities, which signifies their agreement to fulfill these responsibilities.

On behalf of my child, I hereby agree to accept the responsibilities that are involved with participating in STC's musical production at Albert Einstein Middle School. No liability will be incurred by STC for anyone who performs voluntary actions or services.

TERMS AND CONDITIONS

1. I agree to hold STC harmless for any injury(ies) that I might sustain including, but not limited to, injuries incurred as a result of any class work performed at Albert Einstein Middle School.
2. I fully understand and agree to assume all risks involved in any and all class work that I perform for STC in my student capacity.
3. I fully understand and agree that if I fail to comply with any and all obligations outlined in this student/parent agreement for any reason whatsoever while taking classes/rehearsals at STC, STC may terminate my participation.
4. STC does not employ Instructional Aides for participants. If a student requires additional support during the rehearsal or performance process, please make arrangements with the site administrator or the School District Office.

RELEASE FORM

1. I, the undersigned, agree to release, discharge, indemnify, and hold STC harmless for any and all loss or damage to my personal property while participating with STC in a student capacity.
2. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless STC, its agents, servants, and employees from any and all claims, causes of actions, or demands, of any nature or cause connected with my Student Agreement and service.

ATTENDANCE

*Production will begin on **March 5** and will end **May 18**. I will only be called to rehearsal when we are working on scenes that their character is in, meaning that your child may not be called for every rehearsal.*

1. I am allowed up to 3 pre-noted absences. All known schedule conflicts (missing rehearsal, leaving early, or arriving late) must be turned in by **February 23**. Conflicts will NOT be allowed during the last week of rehearsals or during the performances.
2. I will attend those days for which I am scheduled. I agree not to add any obligations that will prevent me from rehearsing.
3. I agree to make STC staff aware, at least one day in advance, of any short-term obligations that must be scheduled around (this includes such things as medical and dental appointments, etc.). I understand that unless I notify STC staff of such things I am expected to be at rehearsal and/or work sessions for which I am scheduled. Additionally, in case of an emergency, I agree to let STC staff know of any late arrivals or absences as soon as I am aware. Numerous unexpected and unexcused absences may result in dismissal from the



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show.

RULES OF CONDUCT

1. I agree to follow the safety rules that have been outlined for me.
2. I agree to pay attention and cooperate with staff, parents, and supervisors at all times.
3. I agree not to use this production as an excuse for not fulfilling other obligations such as class work and that my participation is voluntary.
4. I agree to behave appropriately at all times and to keep conversations and language appropriate.
5. I agree to display the highest standard of respect for myself and others.
6. I will not leave rehearsal/performance without supervision.
7. I will not leave with anyone who does not have written permission to do so.
8. Food and drink are only allowed during rehearsal breaks. Water bottles with students' names written on them are encouraged.
9. I understand that when rehearsal and performance call begins, I will silence and put away all electronic devices including, but not limited to, phones, tablets, music players, earbuds, cameras, and laptops (unless fulfilling a production role). If I do need to use my phone for an emergency, I will first ask permission from the director or stage manager.
10. I will take proper care of costumes, props, and facilities.
11. I understand that I will consult with the director before making any changes to my appearance.
12. I understand I may be asked to wear makeup or wear a wig if necessary for my character.
13. I understand that I will be **off-book on the scheduled off-book day**. This includes memorizing all updated lines, blocking, cues, entrances, and exits.
14. I agree to perform the show as the director had instructed me, including blocking, choreography, and changing lines.

REHEARSAL GUIDELINES

1. I will sign in at the top of the rehearsal with STC staff. A parent or guardian will sign me out at the end of rehearsal unless I have a signed self-sign-out waiver.
2. After School Program students not picked up on time will be sent to the ASES coordinator for pickup. Non-After School Program students will wait with STC staff, but students must be picked up on time at the end of rehearsal. Excessive late pickup will need to be addressed.
3. Rehearsals are closed to students and the creative team only. Parents are not permitted to sit in on rehearsals.

MEDIA RELEASE:

By signing this contract, I give permission for my child to be photographed and videotaped as part of his/her involvement in the STC program. I also give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the STC program.

For any questions concerning the program, please email the Program Manager, Lisa Dillon at schoolpartners@sactheatre.org

If you have questions about your enrollment, please email the SPP Production Coordinator, Alyssa Songco at stcsppasst@gmail.com

PRINTED STUDENT PARTICIPANT NAME: _____

PRINTED PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____