

AGE

AUDITION #

**OFF BROADWAY KIDS MUSICAL THEATRE TROUPE**  
**Audition Form 2010-2011**

**General Information**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Number & Street) (City) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone 1: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone 2: (\_\_\_\_\_) \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Secondary E-mail \_\_\_\_\_

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

Age at date of Audition: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you/parents belong to any service clubs or associations (i.e. Key Club, Rotary)? If yes, list below.

\_\_\_\_\_

## TUITION AND ATTENDANCE

Audition Fee: \$0

Production Fee (once cast): \$485

Tuition is due upon acceptance into the Troupe at the first parent and cast member meeting. For details on what the tuition covers, please see the FAQ Guide.

National Performing Arts Festival:

The Troupe participates in the National Performing Arts Festival in Orlando. The cost of the trip is approximately \$1100 (per person) and includes the competition, travel, hotel accommodations, meal vouchers, and 3 days in a Disney park. A parent is required to chaperone their child. The trip is held from a Thursday morning through a Monday evening in February. *Parents and Actor, please acknowledge by initialing:* \_\_\_\_\_/\_\_\_\_\_

I understand that the Troupe commitment is from August until February:

*Parents and Actor, please acknowledge by initialing:* \_\_\_\_\_/\_\_\_\_\_

I understand that a weekly Actor's Intensive class is a requirement for admission into the OBD Kids, and that the cost of this class is separate from the Production Fee. Class will be held immediately prior to rehearsals each week: *Parents and Actor, please acknowledge by initialing:* \_\_\_\_\_/\_\_\_\_\_

I understand that in order to move the show forward at a proper pace, attendance to rehearsals is required. I understand that attendance is also required for Troupe outings, lock-ins and performances.

*Parents and Actor, please acknowledge by initialing:* \_\_\_\_\_/\_\_\_\_\_

I understand that rehearsals may be added on another day of the week (proper notice will be given)

*Parents and Actor, please acknowledge by initialing:* \_\_\_\_\_/\_\_\_\_\_

I have read the "Parent's Guide to OBD Kids" <<http://www.offbroadwaydance.com/OBDKidsFAQ.pdf>> and am familiar with the commitment involved. *Parents and Actor, please acknowledge by initialing:*

\_\_\_\_\_/\_\_\_\_\_

It is the intent of OBD to foster volunteer opportunities, and to ensure that the weight of the responsibilities are shared by many and not by a few, therefore performers and/or their family members are expected to volunteer a minimum of six (6) hours during the season. *Parents and Actor, please acknowledge by initialing:*

\_\_\_\_\_/\_\_\_\_\_

Will you remain in the troupe if cast in the ensemble? \_\_\_\_\_

*The Director makes every effort to choose ensemble shows where each cast member gets a lot of stage time and is on stage the entire time at the competition. Please note that refunds will not be given.*

Are you in another production at this time? If yes, list rehearsal/performance dates?

\_\_\_\_\_  
*Being in another production at this time will not influence our casting decision. We will make every effort to work with you.*

Please list no more than 2 names of people with whom you intend to carpool. Parents may carpool but may not *rely* on others for the weekly transportation of their child:

\_\_\_\_\_

**Advertising and Promotional Release:**

I hereby consent to the reproduction and/or use of photographs, video tapes and film or audio recordings of myself (or my child/charge) for advertising and promotional purposes (resident photographer), OBD or its affiliates. *Please acknowledge this by initialing here:* \_\_\_\_\_

**EXPERIENCE**

Voice Lessons? Y N Years Studied: \_\_\_\_\_ Teacher: \_\_\_\_\_

Vocal Range (if known): \_\_\_\_\_

Dance Lessons? Y N Years Studied: \_\_\_\_\_ Studio Name: \_\_\_\_\_

Style(s) of dance you are most proficient with: \_\_\_\_\_

Musical Theatre Instruction: Y N Years: \_\_\_\_\_ Studio Name: \_\_\_\_\_

**Recent Shows**

Show: \_\_\_\_\_ Role: \_\_\_\_\_ Theatre: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_ Theatre: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_ Theatre: \_\_\_\_\_

Show: \_\_\_\_\_ Role: \_\_\_\_\_ Theatre: \_\_\_\_\_

**Stunts**

We occasionally incorporate gymnastic moves into our choreography. Please note if you can do any floor stunts – back handsprings, front/back walkovers, stomach rolls, tucks, kips, etc.:

\_\_\_\_\_  
\_\_\_\_\_

**OBD Experience**

*(Past experience at Off Broadway is not a requirement for Troupe participation and does NOT affect our casting decision)*

Is this your first OBD production? \_\_\_\_\_

If no, please list the shows have you been in at OBD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been in OBD Kids before? Y N How many years previously? \_\_\_\_\_

**Resumes and Headshot**

Though not a requirement to participate, if you have a résumé or headshot please submit them along with this audition form.

**IN CASE OF EMERGENCY**  
**Authorization to Consent to Medical Treatment**

I (We), the undersigned, do hereby authorize representatives of OBD (such representatives to be employees, directors, Auxiliary members or identified volunteers) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital licensed by the State of Georgia whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem available. I (We) also understand and agree that OBD will not be held responsible for injuries which occur to self/child while attending or participating in any OBD function. This authorization shall remain valid for the duration of the participant's current registration with OBD.

**Emergency Contact Information**

Name of Participant:

\_\_\_\_\_

Mother/Father/Guardian Name(s):

\_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Emergency Phone Number (2): \_\_\_\_\_

**Insurance Information**

Insurance Co.: \_\_\_\_\_

Policy# \_\_\_\_\_

Policy Holder Name & Phone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

**Medical Information**

Any known allergies?:

\_\_\_\_\_

Any known medical conditions or chronic ailments?:

\_\_\_\_\_

*For the safety of my child/myself as well as others, I have disclosed any and all medical information regarding the performer. I understand that failure to disclose any of the above information could result in my child's/my exclusion and/or dismissal from the troupe.*

\_\_\_\_\_  
(Signature, parent or guardian if under 18)

\_\_\_\_\_  
(Date)

## **RULES AND REGULATIONS**

Teamwork is the key to the success of OBD. We require commitment and cooperation from everyone involved. OBD provides a stimulating and exciting environment within which to work, but there are expectations for behavior that must be met in order to maintain it.

- No Alcohol. No Drugs. No Smoking. Violations will result in immediate dismissal from a production and the proper authorities will be contacted when applicable.
- Pay attention and follow the requests of staff, parents and supervisors at all times.
- No Swearing. Be aware of your conversation topics around our younger participants.
- Display the highest standards of respect for self and others.
- No inappropriate public displays of affection.
- No Exploring. Do not leave the rehearsal/theater premises without supervision and do not loiter in the parking lot after rehearsals.
- No Littering. Clean up after yourself.

Flagrant and/or persistent violations of our **Rules and Regulations** will result in the implementation of disciplinary procedures which begin with a referral to the Executive and Artistic Directors of OBD and notification to parents or guardians.

These **Rules and Regulations** will be strictly enforced at all facilities used by OBD.

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## **PRODUCTION POLICIES**

### **Age Requirement**

Auditionees must be of the advertised age by audition weekend for any production. OBD reserves the right to request proof of age at any time.

### **Withdrawing from a Production/Refunds**

If you withdraw from a production before the cast list is posted, you are entitled to a 10% refund (\$50). If you withdraw from a production for any reason after the cast list is posted, no refund is given.

If you withdraw you will not be allowed to audition for the next production unless you are excused by the Executive or Artistic Directors for extenuating circumstances. It is your responsibility to inform OBD of your circumstance within one-week of withdrawing from a production in order to be cleared for the next audition.

### **Attendance Requirements**

Each performer is required to attend all rehearsals. Any conflicts must be communicated to the OBD staff prior to auditioning, if possible. Even if conflicts are reported in advance, be aware that missing a rehearsal may prevent you from being staged into scenes and musical numbers. Rehearsal schedules are subject to change to make the most productive use of time. "Production Weeks" are the last two weeks prior to performances, and attendance is mandatory with no exceptions. Rehearsals may run long and late into the evening during the immediate week prior to opening night and the competition, so please be prepared for this.

## Costumes

Performers may be responsible for acquiring their own costumes; principals will typically have multiple costumes. OBD will provide the guidance you will need (i.e. patterns, materials to choose, etc.) to satisfy your costume requirements. Low cost is a main priority during design.

## Volunteerism/Getting Involved

OBD is a family-oriented organization and all parents, guardians, and family members are encouraged to get involved in the productions. Please indicate your show committee choice(s) in the spaces below by writing your name in the blank before the selection:

\_\_\_\_\_ Backstage \_\_\_\_\_ Costumes \_\_\_\_\_ Set Construction/Building  
\_\_\_\_\_ Scenery \_\_\_\_\_ PR \_\_\_\_\_ Ad Sales \_\_\_\_\_ Box Office  
\_\_\_\_\_ Concessions \_\_\_\_\_ Make-Up \_\_\_\_\_ Props \_\_\_\_\_ Clean Up  
\_\_\_\_\_ Other (please indicate)

## General Policies

- Notify staff regarding any special circumstances or medical requirements you might have.
- Parents/guardians must check for adult supervision before leaving their participants at rehearsals.
- Parents/guardians must pick-up their participant at the designated time and no later.
- No open toed-shoes (i.e. sandals, Crocs) are to be worn at any OBD facility or theater venue.
- Auditionees must participate in the full audition process to be cast (includes vocal, dance, and callbacks if applicable, etc.).
- Auditionees must audition at one of the published audition dates and times. No auditionees will be allowed to audition outside of these dates unless prior arrangements have been made through the front office. If special arrangements are made and you give a full audition prior to the published auditions (videotapes acceptable), you will be eligible for all roles. If your special audition is after the published auditions, you will be cast, but will not be eligible for principal roles.

I/we have read the above **Rules and Regulations** and accept responsibility for the possible consequences of violating them. I/we have also read the **Production Policies** and agree to follow them without dispute.

Auditionee's Name (Print): \_\_\_\_\_

Auditionee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If performer is under 18 years of age)

**Thank you for auditioning! Relax and break a leg!**