



For Staff Use Only	Necessary Forms Checklist	Included
Audition #: _____	Performer Registration Information:	_____
Callback: _____	Medical Release Form:	_____
Roll: _____	Signed Conduct and Refund Policies:	_____
	Calendar noting conflicts:	_____

Performer Registration Information

Audition and Cast Photo Every participant will have their photo taken on audition day whether or not they choose to participate in the audition process *without exception*. Please dress appropriately and groom yourself accordingly!

I have participated in EDMT activities previously and my information: _____ has _____ has not changed.

Name of Participant: _____ Show: _____

Date of Birth _____^{first} _____^{last} Age _____ Height _____ Weight _____ Sex ___ male ___ female

Measurements: Chest _____ Hips _____ Waist _____ Girth _____ Inseam _____

Note: Measurements are necessary for proper costuming. Some of you may, however, be unfamiliar with some measurements. For Girth: measure from shoulder, down between legs, and back up to same shoulder. For Inseam: measure inside thigh to top of shoe.

Song Selection: _____ Vocal Range (if known): _____ If seeking a specific role, which role: _____

If seeking a specific role, will you remain in the show if cast in another role? ___ yes ___ no If cast in the ensemble? ___ yes ___ no

Do you have any schedule conflicts?: ___ yes ___ no If "yes," please note here and on calendar: _____

Are you willing to participate in a Sunday show?: ___ yes ___ no | _____

Please be sure to review the refund policy in this registration packet, particularly if you have conflicts or special requirements. If you have questions, please ask.

Address: _____

Home Phone: _____^{number and street} School: _____^{city} _____^{zip} Grade: _____

Performer's E-Mail: _____@_____. _____ (optional – with parent permission)

Parent/Guardian #1 (Primary Contact): First: _____ Last: _____

Day Phone: _____ Cell: _____

E-Mail: _____@_____. _____ Employer (optional): _____

Parent/Guardian #2 (Secondary Contact): First: _____ Last: _____

Day Phone: _____ Cell: _____

E-Mail: _____@_____. _____ Employer (optional): _____

Please list e-mail address. It will be used for weekly newsletters and all EDMT communications. Paper newsletters are no longer distributed.

Does your employer have programs that support community organizations? If yes, may we contact them?: ___ yes ___ no

Registration Fees and Raffle Participation Registration fees cover approximately 40% of the cost of creating a production. Please consider making an additional tax-deductible donation to help this worthwhile endeavor. As part of registration, you agree to participate in our raffle fundraiser by purchasing and selling 20 raffle tickets at \$5.00 each. We require that you pay the cost of raffle tickets now, in advance of selling those tickets. All previous financial commitments must be fulfilled before participating in any new EDMT activity.

Signature: _____ Received by: _____

Refundable Parent Participation Deposit:	\$75.
<i>(Single, per-family fee. 20 hours of volunteer time required for refund.)</i>	
First Participant:	\$320.
Additional Sibling Participant(s) <i>please include name(s); 2=\$300 ea; 3=\$280 ea.</i>	_____
_____	_____
Pre-pay for raffle tickets: (per family amount)	\$100.
Please consider including a tax-deductible donation:	_____
<i>EDMT's DLN# 17053065025012 Emp. I.D. 80-0001275</i>	
Total this transaction:	_____

Payment Method:

_____ Cash _____ Check
_____ VISA _____ MasterCard

Card Number: _____

Name on Card: _____

Exp Date: _____

Other Payment Method: _____

I have read and understand the Registration Form, Rules of Conduct, the Production Policies, and the Refund and Attendance Policies of El Dorado Musical Theatre and agree to them without exception.

Parent/Guardian: _____ Participant: _____

Signature

Signature

REV040607



Authorization to Consent to Medical Treatment

I/We, the undersigned, do hereby authorize representatives of El Dorado Musical Theatre (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 California 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 being 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 judgement may deem advisable.

I (We) also understand and agree that EDMT will not be held responsible for injuries which occur to self/child while attending or participating in any EDMT function.

This authorization shall remain valid until revoked by parent or guardian.

Family Last Name: _____

Name of Parent/Guardian: _____
first last

Insurance Company: _____

Policy Holder Name: _____

Policy or Group Number: _____

Participant #1 _____ Date of Birth _____ Member ID No. _____

Primary Care Physician: _____ Phone: _____

Participant #2 _____ Date of Birth _____ Member ID No. _____

Primary Care Physician: _____ Phone: _____

Participant #3 _____ Date of Birth _____ Member ID No. _____

Primary Care Physician: _____ Phone: _____

Participant #4 _____ Date of Birth _____ Member ID No. _____

Primary Care Physician: _____ Phone: _____

Do any of the participants have any known medical conditions or allergies? (If yes, please describe): _____

In case of emergency, I would like EDMT to call the following people and phone numbers in the following order:

1st number: _____ Ask For: _____ Relationship: _____

2nd number: _____ Ask For: _____ Relationship: _____

3rd number: _____ Ask For: _____ Relationship: _____

Once a designated emergency contact has been contacted, EDMT need not call any additional numbers. If no contact is made after all numbers have been called, EDMT may leave a message at any of the above numbers, if possible.

I have read, understand, and agree to the El Dorado Musical Theater authorization to Consent to Medical Treatment.

Primary Parent and/or Guardian (*please print*): _____

Parent and/or Guardian Signature: _____



Rules of Conduct and Refund Policy

Rules of Conduct

We require commitment and cooperation from everyone involved with EDMT. We provide a stimulating and dynamic environment within which to learn and work. There are expectations for behavior which must be met in order to maintain this environment. Teamwork is an essential part of our success. The following is a list of rules to which all participants are expected to adhere.

1. No alcohol. No drugs. No smoking. Violations will result in immediate dismissal from a production and the proper authorities will be contacted when applicable.
2. Pay attention. Follow directions and requests of staff, parents, and supervisors at all times. Be where you are supposed to be when you are supposed to be there. EDMT is a fast-paced learning environment which may or may not be a good fit for children with ADD or ADHD.
3. No swearing.
4. No inappropriate displays of affection. Likewise, keep your conversations appropriate and of a non-sexual nature.
5. Display the highest standards of respect for self and others. No malicious behavior of any kind will be tolerated.
6. Do not leave the rehearsal facility or theater premises without supervision and do not loiter after rehearsals.
7. No littering. Clean up after yourself.
8. Food and drinks are not allowed in the theater.
9. Take proper care of the facility, your costumes, and equipment.
10. Never disrupt a performance.
11. Keep it safe. Never subject yourself or others to anything which could be considered unsafe.
12. No riding in the vehicle with a staff member unless prior parental approval is obtained.

These Rules of Conduct will be strictly adhered to and enforced at all facilities used by EDMT. Flagrant and/or persistent violations of these Rules of Conduct will result in the implementation of disciplinary procedures which may include – but are not limited to – notification of parent/guardian, sidelining, removal from production, and ineligibility for future productions.

Refund Policy

Note: If you are already familiar with EDMT's practices, please be aware that the refund policy has changed and you may wish to familiarize yourself with it, particularly if you have conflicts or special requirements. If you have questions, please ask.

- Registered cast members will receive a full refund of tuition, minus a \$40 processing fee, if they remove themselves from the cast on or before the day of auditions. The parent participation deposit will be refunded in full.
 - Registered cast members will receive one half refund of tuition, minus a \$40 processing fee, and their parent volunteer deposit if they remove themselves from the cast before the cast list is posted. The parent participation deposit will be refunded in full.
 - No refunds in tuition will be made once the cast list is posted on the EDMT website except in extenuating circumstances such as death in the family, or a medical injury, serious illness or surgery not known about prior to auditions. The parent participation deposit will be refunded in full.
 - No refund of tuition or of parent volunteer deposits will be given to cast members removed from the cast by EDMT staff for behavioral reasons.
- Note: Auditionees and their parents are aware that rehearsals are strenuous and require the cast member to have the ability to focus for 45-60 minutes at a time.

Photo Release

I understand that by allowing my child to participate in this production, photographs will be taken and used with the intention of promoting ticket sales and increasing community involvement and awareness of El Dorado Musical Theatre (EDMT).

I grant full rights and permission to use any photographs taken of my child while participating in EDMT activities for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. I further relinquish any rights of approval or examination of the photograph(s) before publication or printing.

Your Commitment

I/We have read the above Rules of Conduct and accept responsibility for any possible consequences of violating them. I/We have also read the Refund Policy and have read and understood the Photo Release portion of this agreement and agree to follow them without dispute.

Participant #1:

_____ X _____ / /
first last signature date

Participant #2:

_____ X _____ / /
first last signature date

Participant #3:

_____ X _____ / /
first last signature date

If performer is under 18 or is 18 or older and still living at home, please provide the following:

Primary Parent and/or Guardian (please print): _____ X _____
first last signature