

Cornerstone Performing Arts Audition / Registration Form

Show _____

Audition # (leave blank)

Performer's Information

Last Name _____

First Name _____

Age _____

Street Address _____

City _____

State _____

Zip _____

Preferred Phone _____

Backup Phone _____

E-mail Address _____

Yes No
Add you to the Email Listing?

Parent/Guardian Name (Please Print) _____

Parent/Guardian Email _____

Emergency Contact Name _____

Phone _____

How did you hear about Cornerstone Performing Arts? _____

Theatrical Experience (Please list additional on the back of this form or attach a resume)

#	Production	Role	Location	Year
1				
2				
3				
4				
5				

There will be a \$40 individual production fee (\$75 for family). You must pay this by the first rehearsal. All fees are non-refundable. Please make Checks payable to Cornerstone Performing Arts. See our website for more info: www.cornerstoneperformingarts.com

PLEASE READ CAREFULLY AND THOROUGHLY

REHEARSAL CONFLICTS: PLEASE REVIEW YOUR SCHEDULE THOROUGHLY AND LIST ANY CONFLICTS YOU MAY HAVE WITH THE (TENTATIVE) SCHEDULE ON THE BACK OF THIS FORM.

The dates you list are those you will **NOT** be at rehearsal. Please be as honest as you can. **PLEASE NOTE:** If you fail to attend a maximum of three rehearsals **NOT** on your conflicts list or cannot be courteous to the rehearsal start time, you **MAY** be dismissed from the show, at the director's discretion. This includes those dates you "forgot to mention on this form." In the event you cannot attend a rehearsal due to some unforeseen circumstance, you are expected to contact the Director (or other contact person) at the number provided, prior to the start time of that rehearsal. This production relies on commitment and dedication, neither of which can be fully achieved if you are not at rehearsal. Please understand that if you are involved in a Cornerstone Performing Arts' production, you will assume the responsibilities set upon you as a cast/crew member and will, to the best of your ability, adhere to them.

Please check all that apply: parents of cast members are required to volunteer for areas:

Fundraising ____ Sound/Tech ____ Sets ____ Child Care ____ Costumes ____
 Make-Up ____ Concessions ____ Props ____ Promotions ____

Please fill out page 2 as well. It is required in order to be cast in a show.

Liability Release:

I, as a participant, parent or, legal guardian of a minor participant, agree to release Cornerstone Performing Arts, it's officers, employees, and volunteers from any and all liability for accidents, injuries, loss of and/or damages to my/our personor property that may arise our of my/our participation in/and our presence at the above activity. I/We understand that the risks and possible dangers of participating in this activity. Also, I/We authorize Cornerstone Performing Arts to use at it's discretion any photographs taken of the participant while participating in the program, and waive any and all claims that the participant or the undersigned ot their heirs, executors, administrators, or assigns may have or claim to have resulting from such photographs or reproductions thereof. I have entered into this agreement of my own free will.

Performer's Signature

Date

Parent/Guardian Signature (if under 18)

Date