



★★ Registration and Release Form★★

RELEASE FROM LIABILITY AGREEMENT

I hereby give permission for my child, _____, to participate in the Rose Children's Theatre program.

I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event that we cannot be reached, I hereby authorize the Rose Children's Theatre to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that as a participant, my child may be climbing on and off of stage and set pieces. I further understand that my child may be running, jumping, dancing and varied other movements on stage. I understand that my child may be running, jumping, dancing near moveable set pieces. I assume all risks and hazards to such participation including transportation to and from rehearsals and performances and hereby waive, release, absolve and indemnify and agree to hold harmless, Faith Center Church, Cesar Chavez Elementary, School District 4J, Wildish Community Theatre, and Rose Children's Theatre it's organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicated that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

PARENT/GUARDIAN SIGNATURE DATE

I give my permission for _____ to have his or her picture/video taken at auditions for the directors to use for identification during the casting process.

Signature of Actor Date

Signature Date

Audition Registration Form

ACTOR'S NAME _____

AGE _____ BIRTH DATE _____ GRADE _____ SEX M / F

SCHOOL _____

PARENT'S NAME _____

ADDRESS _____

CITY AND ZIP _____

PARENT'S EMAIL _____ / _____

PARENT'S HOME PHONE _____ / _____

PARENT'S WORK PHONE _____ / _____

PARENT'S CELL PHONE _____ / _____

You may use the back if needed for the following info.
Please list any plays or musicals you have been in:

Acting experience (please include organization/school *and* director/teacher):

Dance Experience (please include organization/school *and* director/teacher):