

# COBB CHILDREN'S THEATRE REGISTRATION FORM

Audition Number

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your Cell Phone/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Your E-Mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ (Adult) T-Shirt Size: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**(if under 18)**

Parent(s) Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** You are not guaranteed a role in the show by auditioning.  
All cast members are given crew assignments. Please list crew preference.

ROLE AUDITIONING FOR:

CREW POSITION PREFERENCE:

1: \_\_\_\_\_

1: \_\_\_\_\_

2: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

3: \_\_\_\_\_

List any conflict dates of which you are already aware: (School Performances, Band Concerts, etc.)

\_\_\_\_\_

**Payment for CCT Registration is NON-REFUNDABLE, regardless of the part/crew position assigned.**

If you are new to CCT, how did you hear about us? \_\_\_\_\_

## CCT ATTENDANCE POLICY CONTRACT

- There will **only be 5 excused absences** allowed during this production. Schedule conflicts must be listed on your application. Conflicts will not count as absences.
- The only way an absence can be excused is for **your child** (not the parent/guardian) **to call Katryn Taylor** at 404-550-7530 or **speak to Katryn prior** to the absence.
- **There will be absolutely no absences or tardies allowed during the last two weeks!!!!!!!**
- If your child is tardy **three (3) times** it will count as a **complete** absence.
- The **last two (2) weeks** of rehearsal will be extended. Please know and understand that there will **be rehearsal everyday** and could possibly not dismiss **until 11:00 PM**.
- Your child will become Ryan's possession, mind, body & soul the last two (2) weeks.
- **You are required to pick up your child on time!** We require all rides to be ready **15 minutes before** dismissal! The last two (2) weeks you are required to be at the rehearsal site **by 9:30 PM**. You are welcome to come inside and join us.
- There will be additional music rehearsals for principal characters other than the regularly scheduled rehearsals that will be set by the music director.

### LAST TWO WEEKS REHEARSAL SCHEDULE

DATE	LOCATION	TIMES
04/21/12 Sat	Burnt Hickory Church of Christ	11:00am-4:00pm
04/22/12 Sun	TBD	TBD
04/23/12 Mon	Burnt Hickory Church of Christ	6:30pm-Until
04/24/12 Tues	Burnt Hickory Church of Christ	6:30pm-Until
04/25/12 Wed	TBD	6:30pm-Until
04/26/12 Thurs	Burnt Hickory Church of Christ	6:30pm-Until
04/27/12 Fri	Burnt Hickory Church of Christ	6:30pm-Until
04/28/12 Sat	Hang in at the Civic Center	8:00am-Until
04/29/12 Sun	Civic Center	10:00am-Until
04/30/12 Mon	Civic Center	6:00pm-Until
05/01/12 Tues	Civic Center	6:00pm-Until
05/02/12 Wed	Civic Center	6:00pm-Until
05/03/12 Thurs	Civic Center	6:00pm-Until
05/04/12 Fri	Civic Center for PM performance	6:00pm
05/05/12 Sat	Civic Center for mat performance	12 Noon
05/05/12 Sat	Civic center for PM performance	6:00pm
05/06/12 Sun	Civic center for last performance	1:00pm

**Cast/Crew Member's Name:** \_\_\_\_\_

Cast/Crew Member's Signature: \_\_\_\_\_

Cast/Crew Home # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Cast/Crew Work # (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Home # (    ) \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Parent's Work # (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

# COBB CHILDREN'S THEATRE

## RELEASE

*(If you are under 18, this form requires the signature of your parent/guardian)*

(Please print)

Student Name: \_\_\_\_\_

(If under 18)

Parent/Guardian Name: \_\_\_\_\_

The undersigned does hereby release, hold harmless, and agree to indemnify Cobb Children's Theatre, Inc., its Directors, officers, agents, employees, volunteers, and servants, from and against any and all damages, or claims of damage to persons or property arising out of or relayed in any manner to the participant's activities.

The undersigned acknowledges that there may be latent or patent defects on or about the rehearsal and performance premises, wherever it is located, and assumes all risk of personal injury arising out of the participant's activities on said premises, and accepts any and all negligence of Cobb Children's Theatre, Inc., its Director's, officers, agents, employees, volunteers, and servants, as the undersigned's own negligence.

Date: \_\_\_\_\_

(If over 18)

Signature: \_\_\_\_\_

(If under 18)

Parent Signature: \_\_\_\_\_

# COBB CHILDREN'S THEATRE

## Cast/Crew Member, Picture, and Video Release

For valuable consideration, I hereby confer on any representative of COBB CHILDREN'S THEATRE the absolute and irrevocable right and permission with respect to the photographs and/or video taping that he/she has taken of my minor child in which he/she may be included with others:

- To copyright the same in any name that represents COBB CHILDREN'S THEATRE or any productions from COBB CHILDREN'S THEATRE.
- To use, re-use, publish, re-publish the same in whole or part, separately or in conjunction with other photographs or videos, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- To use my name or my child's name in connection therewith if he/she so decides.

I hereby release and discharge COBB CHILDREN'S THEATRE and all it's representatives from all and any claims and demands ensuing from or in connection with the use of any photographs or videos, including any and all claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of all photographers representing COBB CHILDREN'S THEATRE.

I have read the foregoing and fully understand the contents hereof. I represent that I am the (parent/guardian) of the below named minor cast/crew member, or I am representing myself being over 18 years of age. For value received, I hereby consent to the foregoing on his/her/my behalf.

Date: \_\_\_\_\_

Cast/Crew Member's Name: \_\_\_\_\_  
(if over 18)

Cast/Crew Member's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(if under 18)

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Witness: \_\_\_\_\_

# BIOGROPHY

**Please complete this form and turn it in  
to Katryn Taylor or Stephanie Bolton at registration.**

All leads (Cast & Crew) will have a head shot and bio in the program.

**Note:** If every child sells a business ad and we have a minimum of 4 full pages of business ads in addition to well wish ads then we will be able to put all the kids head shots & bios into the program.

First & Last Name \_\_\_\_\_

☐ Middle School      ☐ High School      ☐ College

Grade/Year \_\_\_\_\_

Last two shows, roles and crew positions \_\_\_\_\_

\_\_\_\_\_

Accomplishments this year \_\_\_\_\_

\_\_\_\_\_

Who would you like to thank for your success \_\_\_\_\_

\_\_\_\_\_