

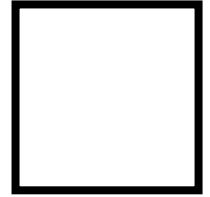


ORANGE COUNTY CHILDREN'S THEATRE

AUDITION SHEET

Name: _____

Audition #



Birth Date: _____ Age: _____

Height: _____ Hair Color: _____

Are you willing to accept any role in this production?(circle) YES NO

If auditioning for Belle or Beast, are you willing to kiss?(circle) YES NO

**Please note: The 'kiss' in the show is in the original Broadway script.
The Director feels it's important to keep it in the show. It will be a simple kiss.*

Audition Song:

Preferred Role(s):

MUSIC AND DANCE TRAINING (circle)

PHOTO

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED (___YEARS)

Voice: BASS BARITONE TENOR ALTO MEZZO SOPRANO UNKNOWN

Do you play an instrument? YES NO (Instrument _____) (___YEARS)

DANCE - Please indicate how many years of training & skill level (Beg., Inter., or Adv.)

BALLET (#: ___ Beg./Inter./Adv.) **TAP** (#: ___ Beg./Inter./Adv.) **JAZZ** (#: ___ Beg./Inter./Adv.)

Special talents (Be specific):

Tumbling/Gymnastics Experience:

Additional comments:

*List ALL past OCCT productions and any other theatrical experience on the back. **Resumés preferred.***

** Professionalism and attitude will be taken into account for casting.*

Cast Member: _____

***BEAUTY AND THE BEAST* CONFLICT CALENDAR**

MARK ALL CONFLICTS

PLEASE PLACE AN "X" ON YOUR CONFLICT DAYS

Not all cast members will be called to every rehearsal, and some may be called for only part of the time. *There are a couple of Thursday rehearsals. Full rehearsal schedule to be emailed after the cast list is posted.*

Please note Due to the ever-changing Covid restrictions in Orange County, it is entirely possible that *Beauty and the Beast* may be pulled from the Main-stage at HBHS, and performed at Faith Lutheran Church. If performed at Faith Lutheran, show dates will be Thursday through Saturday; same performance weeks.

- The Directing Team organizes their casting and rehearsal schedule based on the **original** conflict calendar.
- You must list all definite and *possible* conflicts on this calendar prior to auditions.
- Added conflicts are not acceptable. These additional conflicts affect the whole cast and crew.
- Unexcused or excessive absences may result in a child being removed from a number, scene, or role.
- Any conflict issues must be discussed with the Production Secretary...NOT the Director.
- The rehearsal calendar may change unexpectedly. Cast member will do his/her best to be flexible with changes. Again, discuss extra absences or scheduling conflicts with the Production Secretary.

I certify that these are all of my child's conflicts to my knowledge:

Parent Signature _____

Date _____

BEAUTY AND THE BEAST REHEARSAL SCHEDULE

SEPTEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12 Cast List Posted online by Sunday afternoon. Accept or Decline Role to Production Secretary by 4:00pm on Monday.	13 MANDATORY ALL-PARENT MEETING @ 5:30PM FIRST REHEARSAL 5:30-8:30PM		15 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			18 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
19	20 REHEARSAL 5:30-8:30PM		22 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			25 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM

Production Secretary email: jlgwaltney00@gmail.com

Cast Member: _____

BEAUTY AND THE BEAST REHEARSAL SCHEDULE
SEPTEMBER / OCTOBER 2021

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
	27 REHEARSAL 5:30-8:30PM		29 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM		OCTOBER 1	2 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	4 REHEARSAL 5:30-8:30PM		6 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM	7 OCCT Fall Festival Rehearsal 5:30-8:30PM	8 OCCT Fall Festival Oct. 8th & 9th; 4:00pm-9:00pm	9 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	11 REHEARSAL 5:30-8:30PM		13 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			16 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	18 REHEARSAL 5:30-8:30PM		20 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			23 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	25 REHEARSAL 5:30-8:30PM		27 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			30 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM

BEAUTY AND THE BEAST REHEARSAL SCHEDULE
NOVEMBER 2021

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
31 Happy Halloween!	NOVEMBER 1 REHEARSAL 5:30-8:30PM		3 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			6 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	8 REHEARSAL 5:30-8:30PM		10 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			13 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	15 REHEARSAL 5:30-8:30PM		17 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			20 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM

Cast Member: _____

BEAUTY AND THE BEAST REHEARSAL SCHEDULE
NOVEMBER 2021 (CONTINUED) + DECEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	22 NO REHEARSAL		24 NO REHEARSAL	25 HAPPY THANKSGIVING!		27 NO REHEARSAL
	29 REHEARSAL 5:30-8:30PM		DECEMBER 1 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			4 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM

BEAUTY AND THE BEAST REHEARSAL SCHEDULE
DECEMBER 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	6 REHEARSAL 5:30-8:30PM		8 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			11 REHEARSAL 9:00AM-3:00PM Telegrammers 10:30-11:30AM
	13 REHEARSAL 5:30-8:30PM		15 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM			18 NO REHEARSAL
	20 NO REHEARSAL		22 NO REHEARSAL			25 MERRY CHRISTMAS!
	27 REHEARSAL 5:30-8:30PM		29 REHEARSAL 5:30-8:30PM Telegrammers 6:00-7:00PM	30 REHEARSAL 5:30-8:30PM	DECEMBER 31	JANUARY 1 HAPPY NEW YEAR! 2022!

BEAUTY AND THE BEAST REHEARSAL SCHEDULE
JANUARY 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 Move in to HBHS Theatre	3 TECH Rehearsal at HBHS 5:00-10:00PM	4 TECH Rehearsal at HBHS 5:00-10:00PM	5 TECH Rehearsal at HBHS 5:00-10:00PM	6 TECH Rehearsal at HBHS 5:00-10:00PM	7 <i>Beauty and the Beast</i> Show - Opening Night!	8 <i>Beauty Matinee</i> and Evening Shows
9 <i>Beauty Matinee</i> Show				13 'PICK-UP' REHEARSAL 5:30-8:30PM	14 <i>Beauty and the Beast</i> Show - Opening Night!	15 <i>Beauty Matinee</i> and Evening Shows
16 <i>Beauty Matinee</i> Closing Show + Cast Party!						



ORANGE COUNTY CHILDREN'S THEATRE REGISTRATION

Name: _____ Audition # _____

Birth Date: _____ Age: _____ Grade: _____

Home Address: _____ City: _____

Zip Code: _____ Cast Member's Email _____

Mother's Name: _____ Ph #: _____ Email: _____

Father's Name: _____ Ph #: _____ Email: _____

PERMISSION SLIP / MEDICAL RELEASE FORM / WAIVER OF LIABILITY / COVID INDEMNIFICATION

I, the undersigned parent or legal guardian of _____, a minor, requests that he/she be permitted to participate with Orange County Children's Theatre. I have been advised of the rules, regulations, and expectations of the theater and agree to abide by them and to fulfill our obligations as required. If I have any questions regarding participation in this event I will ask a member of the Administrative Board of OCCT immediately and not wait for a problem to arise.

I will permit photographs and videos of my child taken at this event to be used for publicity and other purposes by authorization of the Administrative Board of OCCT.

Furthermore, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Orange County Children's Theatre has put in place preventative measures to reduce the spread of COVID-19; however, OCCT cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending OCCT activities could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending OCCT activities and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at OCCT may result from the actions, omissions, or negligence of myself and others, including, but not limited to, OCCT staff, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at OCCT activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless OCCT, its staff, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of OCCT, its staff, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any OCCT activity. I am also acknowledging receipt of OCCT's Covid-19 In-person Rehearsal and Performance Guidelines, as provided in the parent information packet.

In consideration of acceptance of my child's registration for this activity, I hereby agree to indemnify and hold harmless Orange County Children's Theatre, its officers, administrative board, trustees, employees, and volunteers from any liability, claim, or action for damages resulting from, or in any way arising out of the participation in the activity listed above by my child. This authorization is to remain in effect during the time of enrollment in the activity listed above unless revoked in writing.

Parent's or Legal Guardian's Name (Print) Parent's or Legal Guardian's Signature / /
Date

Allergies (if none, please write NKA): _____

Emergency Contact: _____ Phone #: _____