

StageTime Theatre School Registration
Winter Session 2024
The Wizard of Oz: Youth Edition

Classes start: Wed, January 10, 2024

3:15 pm for grade school students

5:15 pm for junior high and high school students

Actors must attend classes to be able to be in the play.

Auditions: Wed, January 17, 2024

Include an 8 ½ x 11 black & white head shot and an updated resume.

You will be given suggestions for a monologue on the first day of class.

Name _____ Birthdate _____

Age _____ Grade _____ School _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number work _____ Home number _____

Parent cell number _____ Actor cell number _____

Parent/Guardian name _____

Parent email _____

Actor email _____

Anything else we should know?

Each actor will need the following completed forms:

1. Registration
2. Conflict sheet
3. Medical release
4. Photo and Liability release
5. Shirt order form
6. Pay \$65 tuition per student payable to PACA or Chewelah Center for the Arts
7. Audition Packet – bring January 17, 2024

Conflict Sheet
The Wizard of Oz: Youth Edition

Name _____

Please list any and all conflicts you might have that will prevent you from rehearsing
3:30-5:30 pm, January 10, 2024 through March 21, 2024

Monday

Tuesday

Wednesday

Thursday

Friday

Show dates are March 22, 23, and 24, 2024

We will be doing 6 performances that weekend.

The week prior to the show we will be rehearsing 3:30 -8:00 pm each day

Any other conflicts I should know about? Please, no surprises!

Questions? Call Janet Bresnahan 509-995-7285

MEDICAL RELEASE FORM

Actor Name: _____

If under 18 years of age, please fill out the following information for Parent/Guardian(s).

(1) Parent/Guardian Name: _____ Relationship: _____

Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Email: _____

(2) Parent/Guardian Name: _____ Relationship: _____

Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Email: _____

Please fill out the following regardless of age.

Insurance Provider: _____ Insurance Policy #: _____

Doctor Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Special Medical Conditions: _____

Please check ONE of the boxes below and sign the corresponding signature line.

(Cast member age 18 and above)

In the event you are injured or an emergency occurs, StageTime will make every effort to reach your emergency contact. If possible, StageTime will call your designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Actor Signature: _____ Date: _____

(Cast member under the age of 18)

In the event your child is injured or an emergency occurs, StageTime will make every effort to reach you. If you cannot be reached, StageTime will try to reach your child's emergency contact. If possible, StageTime will call your child's designated doctor. However, if deemed necessary because of the nature of the injury or emergency, StageTime will obtain treatment from the nearest hospital.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY AND PHOTO RELEASE FORM

Actor Name: _____

Release of Liability

StageTime Theatre School does its utmost to ensure the health and safety of its participants. Parent/Guardians of minor children participating in StageTime productions are advised to be mindful of the fact that performance in, and rehearsing for, live theatre has the potential for a risk of danger. These include, but are not limited to, use of costumes, use of stage props, use of sets, use of stage special effects, etc.

The undersigned agrees to indemnify and hold StageTime Theatre School and its agents, producers, employees, and volunteers harmless from any and all liability claims, actions, judgements, and/or injuries of any kind and nature whatsoever to _____ and/or their property arising from that person's participation in the activity herein.

Parent/Guardian Signature: _____ Date: _____

Actor Signature: _____ Date: _____

Photo Release

Please fill in ONE of the following statements and sign the corresponding signature line(s).

Cast member age 18 or above:

I, _____, authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Actor Signature: _____ Date: _____

Cast member under the age of 18:

I, _____ (parent/guardian), authorize StageTime and all of its agents, contractors, employees, and volunteers to use, at their discretion, my child _____'s name and likeness in any median including, but not limited to, video, photographs, drawings, etc in the purposes of advertising StageTime and/or this production without notice or compensation to me now and in the future.

Parent/Guardian Signature: _____ Date: _____

Actor Signature: _____ Date: _____

Shirt Order Form

Actor Name: _____ Shirts must be paid for before we order them.

Please circle yes or no regarding whether or not you want to order a shirt: yes no

If you circled yes, please fill out the following.

Name: _____ Phone Number: _____

Shirt Type (circle): T-Shirt (\$15) Long Sleeve (\$15) Crewneck Sweatshirt (\$20) Hoodie (\$25)

Size (circle): Youth Small Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult Extra Large Adult Double Extra Large

Name: _____ Phone Number: _____

Shirt Type (circle): T-Shirt (\$15) Long Sleeve (\$15) Crewneck Sweatshirt (\$20) Hoodie (\$25)

Size (circle): Youth Small Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult Extra Large Adult Double Extra Large

The following boxes may be filled in with your suggestions for shirt designs

Front

Back

Audition Packet

For
The Wizard of Oz: Youth Edition
January 17, 2024

Bring:

Current 8x10 black and white head shot
Updated resume

Be sure you've turned in your StageTime registration paperwork:

1. Registration
2. Conflict sheet
3. Medical release
4. Photo and liability release
4. Shirt order form
6. And paid the \$65 tuition fee

Call 509-995-7285 (Janet) for any questions

Auditioning tips:

Introduction: Give time to say it. Say your name and selections clearly. Don't rush. The way you say your name tells me how much confidence you have. "Hi. My name is Janet Bresnahan. I will be doing a monologue called _____."

Props: Don't use any. There is an advantage to pantomime.

Be seen: Make sure that you are seen. Come through the door, smile, look at the lights and head for them. Minimize your profile. Keep front.

Voice: Make the audience come to you. Fill the space. Use good vocal technique. Variety is the key.

Uniqueness: Don't try to be different for the sake of being different. Don't dress outrageous to be remembered. Let your material be of utmost importance.

Ending: Step back into your introduction space. Don't just hang around. Your ending should give you additional opportunity to sell you and all that you can do.

Health: Be healthy of body, mind and spirit.

Preparation: preparation is everything. Make the monologue be in your soul. Be seen. Be heard. "I'm the greatest. This is the best audition you'll see all day."