



ArtReach 2020-2021
Puesta del Sol
Audition Form

Student Name: <i>(last)</i> _____ <i>(first)</i> _____		Grade: _____	
Street Address: _____		City: _____	Zip: _____
Height: _____ <i>(Please be as accurate as possible)</i>	Hair Color: _____		
Date of Birth: ____/____/____	Preferred Pronoun: _____		
Parent Information			
Parent/Guardian #1			
Last Name: _____ First Name: _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Home Phone: _____
Parent Email: _____			Work Phone: _____
Street Address: _____			Cell Phone: _____
		City: _____	State: _____ Zip: _____
Parent/Guardian #2			
Last Name: _____ First Name: _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Home Phone: _____
Parent Email: _____			Work Phone: _____
Street Address: _____			Cell Phone: _____
		City: _____	State: _____ Zip: _____
You and your student will receive rehearsal schedule updates and Studio East information via email. After the production ends, you may remove your family from the email list if you wish.			

Do you give Studio East permission to use photos or videos of your student for publicity purposes?

Yes No

Performing experience, awards, classes etc. (or attach resume): _____

Dance or Gymnastics experience: _____

DIRECTOR'S NOTES: _____

**PLEASE COMPLETE CONFLICT CALENDAR/ COSTUME INFORMATION
 ON THE BACK OF THIS PAGE.**

PLEASE NOTE ALL CONFLICTS ON THIS CALENDAR.

The rehearsal schedule will attempt to work around listed conflicts. Notify producing parents immediately of any changes.

It is important to note conflicts accurately to avoid unexcused absences.

If you are available for a partial day, please mark the time you are arriving or leaving rehearsal.

Auditions take place in small groups – your student will be called on either audition day for approximately 45mins. All students are expected to attend Callbacks and the Full Cast Read-Through.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1 Nov 30-Dec 4	Auditions 3:45-5:45pm	MANDATORY CALLBACKS 3:45-5:45pm	NO REHEARSAL	MANDATORY READ THROUGH 3:45-5:45pm	3:45-5:45pm
Week 2 Dec 7-11	3:45-5:45pm	3:45-5:45pm	NO REHEARSAL	3:45-5:45pm	3:45-5:45pm
Week 3 Dec 14-18	3:45-5:45pm	3:45-5:45pm	3:45-5:45pm	3:45-5:45pm	NO REHEARSAL
Week 4 Jan 4-8	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)	NO REHEARSAL	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)
Week 5 Jan 11-15	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)	NO REHEARSAL	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)
Week 6 Jan 18-22	NO SCHOOL MLK DAY	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)	3:45-5:45pm (4:30-6:30pm if schools return)
Week 7 Makeup days in case of snow	(3:45-5:45pm) (4:30-6:30pm if schools return)	(3:45-5:45pm) (4:30-6:30pm if schools return)	(3:45-5:45pm) (4:30-6:30pm if schools return)	(3:45-5:45pm) (4:30-6:30pm if schools return)	(3:45-5:45pm) (4:30-6:30pm if schools return)

STUDENT NAME _____



11730 118TH AVE NE, SUITE 100, KIRKLAND, WA 98034
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Student Emergency Form

Student First Name:	Birth Date:	Gender:
Student Last Name:	T-Shirt Size:	
School:	Grade:	
Do you give your permission to use photos or videos of your student for publicity purposes?		

Parent/Guardian Information:

Parent/Guardian #1			
First Name:	Relationship:		
Last Name:	Phone:		
Email:	Employer:		
Address:	City:	State:	Zip:
Parent/Guardian #2			
First Name:	Relationship:		
Last Name:	Phone:		
Email:	Employer:		
Address:	City:	State:	Zip:

Medical/Allergy/Behavioral Information:

We want to create a successful experience for your child. Please explain any medical, behavioral, or emotional challenges that may impact your child's experience and the best ways we can help your child be successful. (for example, diabetes, severe allergies and treatment such as epi pens, epilepsy/seizure disorder, severe asthma, or cardiac/heart conditions, ADHD, coping skills, shy)

Emergency Release Information:

Should injury, illness or other emergency situations involving your child occur, we want to be able to quickly reach you or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) not living in the home with you, including day care contact, who are available to provide care for your child.

Student Release Authorization: In the event STUDIO EAST is unable to contact the parent/guardian, I authorize them to release my child to the person(s) listed below:

Name:	Relationship:	Phone:
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Authorization:

Instructors cannot be responsible for administering or monitoring student medication. If your student cannot self-administer medication, you must make arrangements for a person known to the child to come to camp or class and administer medication.

Please advise the camp or class teacher of the person's name and arrival time in advance. If your child needs prompts to take medication or needs to report on medications taken during class/camp, please make arrangements to have your child carry a cell phone Any medication brought to class/camp should be kept in the student's backpack*. Let us know if alternative arrangements should be made for any reason. Refrigeration is not available.

**EpiPens will be kept with the First Aid kit at camp. In cases of severe allergic reaction, instructors are trained to administer EpiPen to outer thigh, call 911 and then call parents. Please remember to pick up your EpiPen from staff on the last day.*

I, the undersigned parent/guardian of the registrant, acknowledge the possibility that participation in Studio East activities could result in physical injury to the registrant. I hereby release, discharge and agree to hold harmless Studio East, its officers, directors, employees, agents and affiliates from any and all claims arising from or related to the registrant's participation in Studio East activities. I further authorize Studio East staff to obtain medical care for my child in case of an emergency. I certify that I have read, understood, and agree to the above conditions, and that the information provided is complete and accurate to the best of my knowledge.

Parent Signature:	Date:
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