

# CAST INFORMATION SHEET - CENTER STAGE PERFORMING ARTS

Play: \_\_\_\_\_

**Cast Member Personal Information:**

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Parent Work Phone: \_\_\_\_\_ Parent email address: \_\_\_\_\_

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

**Weekly Schedule: Indicate any days you could not attend rehearsals and why:**

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Please list any vacation dates: \_\_\_\_\_

List any special talents or skills you have (i.e.: singing, dancing, gymnastics, musical instruments, juggling, etc.)

What school do you attend? \_\_\_\_\_

Does the participants(s) require any special accommodations to participate in these activities?  Yes  No If yes, a Recreation Services staff person will contact you.

Indicate any health problems such as asthma, diabetes, allergies, hyperactivity, special needs, medication or disabilities:

Name of Medical Provider (if applicable) \_\_\_\_\_

Present Physician/Location (if applicable) \_\_\_\_\_

**Cast fees and participation waivers are due at the audition.** If you are cast, there is a participation fee of \$130 for residents and \$150 for non-residents.

I authorize the use of my:	MasterCard	Visa		<b>Sub-total of Fees:</b>	<b>\$</b>
Name as it appears on card:				Applicable Credit/Discount:	\$
Card #:				<b>Total Fees Enclosed:</b>	<b>\$</b>
Expiration Date: Month	Year		Please make check for first choice Class(es). Make checks payable to "City of Milpitas." Send to: <b>Class Registration, 457 E. Calaveras Blvd., Milpitas, CA 95035</b>		
Signature:	Date:				

**DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND**

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_ . I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, videographs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Parks and Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, on the website and/or on the back of this form. *I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN.*

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

Print Name(s): \_\_\_\_\_  Participant  Parent  Legal Guardian

**OFFICE USE ONLY:** Character: \_\_\_\_\_ Cast A B Costume Cost: \$ \_\_\_\_\_