



## ACTOR PRODUCTION INFORMATION

Fall 2022

### *The SpongeBob Musical*

Welcome and thank you for joining Carlsbad Community Theatre's production of ***The SpongeBob Musical***. In order that you have a positive experience with us, please make note of the following information (all 9 pages) and print and fill out the enclosed forms:

**Rehearsal and Performance Attendance:** Actors are expected to attend all performances and all rehearsals for which they are scheduled. If an actor is sick or a scheduling conflict cannot be resolved, please call or text **Hope at 619-807-4951 or Jill at 760-845-7369** as soon as possible. Your scheduled conflicts are noted on the rehearsal schedule by our Stage Manager.

**Rehearsal Drop-Off and Pick-up:** Most rehearsals are scheduled in the evenings. If you are dropping off a minor, make sure that a director or adult from Carlsbad Community Theatre is at the site. When you pick up minors, you must come in to sign them out – we will not allow the actors to wait at the curb without supervision. We want to protect the health and safety of the actors. Please respect those who volunteer at the rehearsals and BE ON TIME to pick up the cast members. There will be a sign in and out sheet. Cast members can sign themselves in, but the adult picking them up needs to come in and sign them out.

**Behavior:** We are committed to providing a safe environment in which the entire family can participate and enjoy theatrical arts. Although we do not expect any problems, we may dismiss an actor from the production for inappropriate and/or unprofessional behavior if attempts to resolve the situation are unsuccessful. Examples of unacceptable behavior could include, but are not limited to: use of profanity, physical or verbal abuse, and/or misuse of theater property.

**Production Fee:** A production fee of **\$300** is required for each youth actor, and is due now. This fee **includes a T-shirt, cast photo and cast party**. Actors are also asked to provide their own shoes and socks/stockings. Please return the fee along with the payment form. Siblings receive a \$50 discount.

**Tickets:** will be available for the general public to purchase through **Vistix**. More information to follow

**Script/Libretto \$25 Deposit:** will be collected and held at the Cast & Parent Meeting. The deposit will be returned when the actor returns their script at the end of the production. Please print the form below.



I have read and agree to the **ACTOR Production Information** on page 1.

Actor's Name and Phone Number: \_\_\_\_\_

Parent's Name and Phone Number (if a minor): \_\_\_\_\_

Actor's Signature: \_\_\_\_\_

Parent's Signature (if a minor): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address that would like to receive information: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

**Others who are approved to pick my child up from rehearsals/shows:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**\*\*If your child is 16+ years old and will be driving him/herself to/from rehearsals/shows,**

please sign here: \_\_\_\_\_

**Any special needs or information that we should know about your child or family for the rehearsal or performance process:**

# **FAMILY REQUIREMENTS**

*(We will go into detail on the first parent production meeting)*

- Each parent/guardian is required to sign up for 2 spaces on our volunteer signup (approximately 15 hours)
- We understand that some families are unable to commit to volunteering. Therefore, we are offering a \$150 opt out per family. Please email [producercct@gmail.com](mailto:producercct@gmail.com) if this applies to you.\*\*
- Attend two mandatory production meetings for parents. One will be at the beginning of the session and one when we move into the theater.

## **Volunteer Opportunities:**

**Backstage:** Help supervise and keep cast members safe at dress rehearsals and performances. Assist in keeping the cast quiet and organized, being aware of what scenes are coming up and help with quick costume changes. Collect lost-and-found items, straighten up after the performance. Team members need to arrive one hour before each performance.

**Concessions:** Sell concessions at the performances.

**Costumes:** Volunteers help with tasks such as alterations, crafting, steaming/ironing, washing laundry, designing, sewing, setting up the dressing room, supervising the dressing room, logging costumes, and assisting with costume changes.

**House:** Lobby decor, usher, obtain and sell flowers, create and sell candy grams.

**Props:** Props are any movable objects on the stage that actors have direct contact with. Work with the director and gather props by borrowing, building or buying (within the budget) them during the rehearsal period.

**Publicity:** Generate PR ideas for the show. Take photos of the cast one month prior to performances, put photos together with cast bios and prepare them for display at the theater.

**Set Crew:** Help unload and build the set at the theater and deconstruct the set at the end of the production weekend.

**Social:** Plan/coordinate cast party. Do Thank yous.

## **Donations**

Tuition and ticket sales do not cover the expenses of running CCT.

CCT is a non-profit, educational 501c3 organization and all charitable contributions are tax-deductible and deeply appreciated!



## COSTUME Measurement Form

\*\*Please use a tape measure to the best of your ability

NAME: \_\_\_\_\_

SHOW: SpongeBob\_\_\_\_\_ GENDER:\_\_\_\_\_ AGE:\_\_\_\_\_

Height:\_\_\_\_\_ Weight (optional):\_\_\_\_\_

Measure in inches (optional as long as all sizes are completed below)

Neck Circumference:\_\_\_\_\_ Chest:\_\_\_\_\_ Waist(around  
navel):\_\_\_\_\_ Hip:\_\_\_\_\_

Nape of Neck to Waist (back): \_\_\_\_\_

Base of Neck to Waist (front): \_\_\_\_\_

Shoulder/arm length to wrist: \_\_\_\_\_

Shoulder to shoulder width (back): \_\_\_\_\_

Inside of leg to ankle: \_\_\_\_\_

Outside of leg to ankle: \_\_\_\_\_

### MALE CLOTHING SIZES

Shoe Size: \_\_\_\_\_

**MEN:** Suit Jacket Size \_\_\_\_\_ Shirt Size: S M L XL Pant Size (Waist/Inseam) \_\_\_\_\_

**BOYS:** Pant Size: S M L XL Shirt Size: S M L XL

### FEMALE CLOTHING SIZES

Shoe Size: \_\_\_\_\_

#### **WOMEN**

Dress Size: 4 6 8 10 12 14 16 18

Pant Size: 4 6 8 10 12 14 16 18

Top Size: XS S M L XL 2XL

#### **JUNIORS**

Dress Size: 3 5 7 9 11 13

Pant Size: 3 5 7 9 11 13

Top Size: S M L XL

#### **GIRLS**

Dress Size: 8 10 12 14

Pant Size: 8 10 12 14



## CONSENT for Medical Treatment

In the event an actor is injured or an emergency occurs, CCT will make every effort to reach the parent or your emergency contact. If possible, CCT will call your designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, CCT will obtain treatment from the nearest hospital or call 911.

In the event of illness or injury, as actor/parent/guardian, I hereby give my consent for medical treatment. I give permission to a representative of CARLSBAD COMMUNITY THEATRE to provide or supervise on-site first aid for minor injuries and to a licensed physician to perform proper medical treatment. I agree to assume all costs related to any such treatment. I hereby authorize my insurance company to pay benefits for costs of such treatment.

Name of Actor: \_\_\_\_\_

Parent/Guardian Signature if a minor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Please list any **medical conditions, medications, or allergies** we should be aware of:



## RELEASE Form - PHOTO/VIDEO and LIABILITY

I hereby grant the right and give permission to CARLSBAD COMMUNITY THEATRE and their agents and assigns to use, publish and copyright, reproduce, in any form, all photographs (including, but not limited to stills, slides, and dvds), video footage and digital images of

\_\_\_\_\_  
(PRINT participant's name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if a minor)

I hereby grant the right and give permission to CARLSBAD COMMUNITY THEATRE and their agents and assigns to use photographs and/or video footage of me/my child on their website, <http://www.carlsbadcommunitytheatre.com>, and/or any other website that is owned by Carlsbad Community Theatre, including, but not limited to FaceBook, Twitter, eblast or Instagram.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if a minor)

I hereby grant the right and give permission to CARLSBAD COMMUNITY THEATRE and their agents and assigns to use photographs and/or video footage of me/my child on any blog that may be created for this production/workshop/class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if a minor)

\*\*We do NOT use names in conjunction with any student photo, nor do we print names or addresses.

### Release of LIABILITY

Carlsbad Community Theatre (CCT) does its best to ensure the health and safety of its participants. When participating in CCT productions you are advised to be mindful of the fact that performance in and rehearsing for live theatre has the potential for risk of danger (including, but not limited to use of costumes, use of stage props, use of stage weapons such as blades or firearms, etc).

I, \_\_\_\_\_ (name of cast member), acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performing in live theatre. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production and to heed all instructions given to me with regard to safety and procedure in the rehearsal hall/performance venue and the surrounding area. I agree to hold harmless (and waive any claim or action against) CCT, its agents, owners, directors, the board of directors, producers and staff from any liability, fault or action arising from participation in this production.

ACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



## COVID-19 SAFETY ACKNOWLEDGEMENT

### LIABILITY WAIVER AND RELEASE OF CLAIMS COVID-19 SAFETY INFORMATION:

While participating in events held or produced by the Carlsbad Community Theatre, ("CCT"), consistent with CDC guidelines, participants are encouraged to practice hand hygiene, and may wear face coverings to reduce the risks of exposure to COVID-19. CCT cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in CCT events and/or other face to face activities. By participating in a CCT event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past ten days have experienced any symptoms associated with COVID-19, which include fever, cough, loss of taste or smell, and shortness of breath among others;
2. Individuals who have traveled at any point in the past ten days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

**DUTY TO SELF-MONITOR:** Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms may include fever, cough, sore throat, chills, or shortness of breath), and contact CCT if he/she experiences symptoms of COVID-19. People with symptoms should not attend any CCT event, including shows or rehearsals. In order to return after sickness, a person must be symptom free and produce a negative COVID test.

**LIABILITY WAIVER AND RELEASE OF CLAIMS:** I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with CCT, and I willingly engage in CCT events and/or other activities (the "Activity"). **RELEASE AND WAIVER.** I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE CARLSBAD COMMUNITY THEATRE AND ITS AFFILIATED PARTNERS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

ACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



## *SpongeBob* PRODUCTION FEE PAYMENT FORM

Actor Name: \_\_\_\_\_

Parent Name (if Actor is a Minor)

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Quantity	Item	Unit Price	Total
	Production Fee (includes T-shirt, Cast Photo and Cast Party)	<b>\$300</b>	
	Congratulatory Parent Shout Out in Program (*Optional)	<b>\$15</b>	
	<b>ORDER TOTAL</b>		

(Preferred)      Cash \_\_\_\_\_ Check \_\_\_\_\_

Credit Card # \_\_\_\_\_ exp. \_\_\_\_\_

3 digit CVV code \_\_\_\_\_ please note additional 3.5% surcharge for CC

Contact [Producrcct@gmail.com](mailto:Producrcct@gmail.com) with any questions.

\*Congratulate your star! Recognizing your favorite cast member in the Program is a sure way to show your support! Text only, please.

SAMPLE: Congratulations Charlie! We are so proud of you! ~ The Gang (25 words or less)





## Script/Libretto **DEPOSIT** Form

A **\$25 deposit** for your actor's Script will be held for the duration of the production. Return the Script and the deposit will be returned, otherwise it will be forfeited.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Quantity	Item	Unit Price	Total
	<i>SpongeBob</i> Libretto	<b>\$25</b>	

Method of Deposit:

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_

CC # \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_  
3 digit CVV code \_\_\_\_\_

Contact **producercct@gmail.com** with questions.