

The Little Mermaid Audition Packet

Thank you for your interest in auditioning for The Little Mermaid! SEARK Concert Association is very excited to offer this performance opportunity for our local stars!

Important Dates & Information

The performances of this production will be:

- **MARCH 7** - MONDAY (3 school matinee AND 1 senior adult performances)
- **MARCH 8** - TUESDAY (1 evening performance)
- **MARCH 9** – WEDNESDAY (3 school matinee performances)
- **MARCH 10-12** - THURSDAY – SATURDAY (evening performances with one afternoon matinee performance on Saturday, March 12 at 2pm)

Auditions will take place on Saturday, **January 8th** at the UAM Fine Arts Center – 9:00 a.m. – until last audition. (Once you have auditioned, you are allowed to leave.)

Candidates should prepare a *one minute* performance selection.

1. Sing one song of their choice- acapella or with accompaniment CD is acceptable.

AND/OR

2. Read selected scripts that are age appropriate

AND/OR

3. Perform basic dance patterns that are developmentally appropriate.

*candidates may bring prepared dance number, IF THIS IS THEIR STRONGEST AREA OF PERFORMANCE.

Call-Backs (IF NECESSARY) will be held on Sunday afternoon, **January 9th** at the **UAM Fine Arts Center**.

Role Assignments will be announced via Facebook post and SEARK Concert website post on **Monday, January 10th by 8pm**.

Rehearsals will begin on **Tuesday, January 11th at 6 p.m. UAM Fine Arts Center** – all cast members must be present for this first rehearsal. Rehearsals will be every Monday, Tuesday & Thursday from 6:00p.m. – 8:00 p.m.

Note not all cast members will attend every rehearsal except for the final week when the full cast is required every night. Other rehearsal times will be announced, as the production gets closer to the performances. These rehearsal times will be announced at the discretion of the Director of the production. Expect several Saturday rehearsals to be announced.

Cast Assignments will be announced on, or before, Monday, **January 17th**. Once SEARK members seats have been claimed, SEARK staff will make ticket sales available to you.

Participant Guidelines & Requirements:

PLEASE READ CAREFULLY:

The performer participating is there because he/she wants to be a part of an exciting performance and show their abilities alongside their peers in a professional manner and not based on what times they prefer to attend. Every performer that wishes to participate will be allowed 2 absences IF NECESSARY. It is strongly suggested that the performer will use these only if he/she is sick, there has been a death in the family, or there is inclement weather. Birthday parties, ball games, etc. are frowned upon. This will be a highly energetic show with props & choreography that will need the above required times for practice. Any performer that misses more than the two (2) rehearsals, minimum, will be excused. Putting on a performance is a team effort and cannot be accomplished without dedication and discipline to the group as a whole. SEARK and the Director of Production will be doing everything possible to support each performer on stage with direction, lighting, sound, etc. Cast members are expected to do their part, as well.

All lines and songs must be memorized two weeks prior to show time. There will be no books allowed on stage after the two week mark.

There will be NO FOOD allowed in the auditorium at any time for any reason. Food will be allowed in the dressing rooms and Spencer Gallery, but all trash must be disposed of properly and promptly daily.

If the rules set forth are not followed by participant, the Director and/or SEARK board can dismiss an individual at any time.

DUES & FEES

There is a **\$60.00 registration fee** for all cast members. ***All fees will be collected at time of casting.***

Depending on the role you are cast, participants may be expected to provide part or all of their costume. Shoes are the responsibility of all cast members.

As our musicals are usually double cast, cast members will be given the opportunity to purchase tickets for friends or family after cast night assignments are announced. Cast members will be allowed to purchase up to 4 tickets each before tickets go on sale to the general public. Any tickets needed beyond these 4 must be purchased when tickets go on sale to the general public. *If you are unable to pay the registration fee but want to participate, we have a limited amount of scholarships available. If you wish to apply for one of these scholarships, please call the Seark Concert office at 870-460-1888.*

BACKGROUND CHECK

SEARK will be taking measures to insure safety for our community participants, patrons, and children by requiring background checks for anyone eighteen years and older that will participate in the spring musical. If there is a concern with an individual's history, which would disqualify them from participation, they will be contacted privately by the SEARK President. Protecting our community, children, patrons, and volunteers is of the utmost importance to the SEARK Concert Association and we will continue to make every effort to insure our events are safe and enjoyable for the entire family.

Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

Please print out the following three pages and bring to audition for all participants.

All adults 18 years or older need to print and complete the background check as well. If you are unable to print, we will have copies of this available at the audition.

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING SEARK CONCERT ASSOCIATION FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Release

In consideration of the *Southeast Arkansas Concert Association*. I, _____, hereby waive any and all claims for myself and my heirs for any child or ward in my care or custody so participating (the "Minor" named below) against SEARK Concert Association (SECA) and each of its agents, officers, and employees, for injury or illness which may directly or indirectly result from my participation. And I further agree to save and hold said parties harmless and agree to indemnify each if said persons against all liability for and loss, cost, injury, or damage to persons or property which may arise by virtue of the undersigned engaging in the activities associated with SECA. Furthermore, the undersigned do hereby expressly stipulate and agree to indemnify and forever hold harmless SECA, their successors and assigns, employees, representatives, agents, officers, and directors, against loss from any and all further claims, demands or actions in law or equity that may hereafter at any time be made or brought by the said Minor or anyone on behalf of said minor for the purpose of enforcing a claim against them for damages on account of any injuries sustained in consequence of participation in this audition or any related SECA activity by the Minor or participant. Furthermore, I state that the Minor is in proper physical condition to participate with SECA. Furthermore, it is agreed that any participant may be photographed or videotaped in Audition, Rehearsal or Performance at the direction of SECA and agreed that such photographs or videos may be used by SECA for promotional and archival purposes.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of SEARK Concert Association facilities, services, equipment and premises ("Facilities") and any participation in SEARK Concert Association programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that SEARK Concert Association, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not

be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

I _____ (Parent/Guardian), have read the above information and agree to the schedule requirements, as well as, the release information. **I understand that the registration fee is \$60.00. I understand any costumes or supplies must be returned to SEARK Concert Association after completion of the performance.**

Parent/Guardian Signature

Performer's Signature

Date

Parent/Guardian Printed Name

Performer's Printed Name

AUDITION REGISTRATION

Performer's Name _____

Age _____ Height _____ Shirt Size _____ Pant Size _____

Parent Name (if performer is a minor) _____

E-mail Address: _____

Phone:* _____ Phone:* _____

*Please list at least one / no more than two phone numbers that can receive text alerts & reminders throughout the musical season. If participant is a child, please include one parent number for texting.

Mailing Address: _____ ZIP: _____

Part auditioning for (OPTIONAL IF UNKNOWN):

1. _____

2. _____

3. _____

Please list other musical or shows you have been a part of: (Continue on back if necessary)

Years of dance experience (if auditioning for a dance role):

What conflicts do you have with rehearsal dates? The performance dates?

Director/Choreographer Notes:



ARKANSAS STATE POLICE

ASP-122VOL
(Eff. 08/11/2021)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Last Name First Name Middle Name Jr./Sr./III

Daytime Phone #: _____

List **ALL** other names ever used (married, maiden, shortened, etc.)

Date of Birth: _____ State of Birth: _____ Citizenship: _____
(Month/Day/Year)

Sex: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Social Security #: _____

Driver's License #: _____
(DL State)

Mailing Address: _____
Street/P.O. Box

City State Zip Code

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR) Section 16.30 - 16.33 or on the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement: (This privacy act statement is located on the back of the FD-258 fingerprint card.)

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

SEARK Concert Association

Subject of Record Signature: _____
(First/MI/Last Name)

Date: _____
(Month/Day/Year)