



# Star Quest ★ 2005

13th Annual Youth Talent Show

"Searching for the Stars of Pleasant Hill!"

## SATURDAY, April 16<sup>th</sup>, 2005

DIABLO VALLEY COLLEGE PERFORMING ARTS CENTER

- ★ Talented youth showcased and awards presented
- ★ Open to K-12th graders who reside or attend school in Pleasant Hill
- ★ No application fees
- ★ Co-sponsored by Pleasant Hill CASA and Rotary Club of Pleasant Hill

### APPLICATION

NAME	AGE	DATE OF BIRTH	SEX
ADDRESS	CITY	STATE	ZIP
HOME PHONE	ALT PHONE	BEST TIME TO CALL	
E-MAIL ADDRESS	SCHOOL	GRADE	

Check category: **(NOTE: Group size is limited to 8 performers)**

- COMEDIAN(S), STAGE NAME \_\_\_\_\_
- DANCER - SOLO, STYLE OF DANCE \_\_\_\_\_
- DANCER - GROUP, STYLE / GROUP NAME \_\_\_\_\_
- MAGICIAN, STAGE NAME \_\_\_\_\_
- MUSICIAN - SOLO, INSTRUMENT \_\_\_\_\_
- MUSICIAN - GROUP, GROUP NAME \_\_\_\_\_
- VOCALIST - SOLO, SONG TITLE \_\_\_\_\_
- VOCALIST - GROUP, GROUP NAME & SONG TITLE \_\_\_\_\_
- OTHER (drama skit, gymnasts, jugglers, martial arts, original poetry, etc.) \_\_\_\_\_

LENGTH OF PERFORMANCE (*Not to exceed 3.5 min.*) \_\_\_\_\_ SPECIFY PROPS NEEDED \_\_\_\_\_

- JUNIOR MASTER OF CEREMONIES (audition with a 1 to 2-minute monolog) \_\_\_\_\_
- GENERAL CAST MEMBER (audition with 30 second TV commercial or joke) \_\_\_\_\_

**NOTE: PERFORMANCE MATERIAL SHOULD BE APPROPRIATE FOR ALL AUDIENCES.**

**PLEASE APPLY EARLY BY FEBRUARY 11, 2005. FINAL DEADLINE: FRIDAY, FEBRUARY 25.**

MAIL COMPLETED APPLICATION TO:

**STAR QUEST, PHP&RD, 147 GREGORY LN, PLEASANT HILL, CA 94523**

Auditions will be late February and early March at PH Community Center. Applicants will be notified. For further information call Juli Gianti, 682- 0896.

**Medical waiver (see back) must be completed AND signed by parent, or guardian, before contestant may participate. A mandatory parent/participant meeting will be held in March for finalists.**



# Star Quest ★2005

## 13th Annual Youth Talent Show

### "Searching for the Stars of Pleasant Hill!"

## Medical Release/Agreement/Waiver

NAME OF PARTICIPANT (PRINT IN BLACK INK) GRADE AGE DATE OF BIRTH

The undersigned authorizes a Star Quest Committee member as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care, for the above named minor in the above activity. This must be deemed advisable by and rendered under the general or special supervision of the licensed physician, surgeon or dentist. Such diagnosis or treatment can be rendered at the office of said physician or dentist, at a hospital or elsewhere.

In consideration for being permitted to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Star Quest Committee (volunteers, agents and sponsors) C.A.S.A., Pleasant Hill Rotary and DVC from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I understand that no medical insurance is provided.

Participation in the audition does not guarantee appearance in the show. Further, the undersigned understands all damages incurred by the person named above shall be paid for by the above named individual or his/her parent/guardian named and signed below. If the above named fails to comply with acceptable rules of conduct, he/she may be asked to leave. Parent or Guardian of minors will be called regarding any problems. All actions will be under the discretion of the Committee members and Theatre Management.

## PARENTAL CONSENT: (to be completed and signed by parent/guardian)

I hereby consent that my son/daughter, named above, participate in the above activity, and I hereby execute this Agreement/Waiver on his/her behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT/WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ORGANIZATION AND I SIGN IT OF MY FREE WILL.

SIGNATURE OF PARENT OR GUARDIAN DATE SIGNED

ADDRESS OF PARENT OR GUARDIAN CITY STATE ZIP

HOME PHONE WORK PHONE INSURANCE CO. GROUP/POLICY NO.

NAME OF PHYSICIAN PHYSICIAN'S PHONE ALLERGIES/ MED ALERT

**In case of emergency, when parent or guardian cannot be reached, the following person should be notified:**

NAME HOME PHONE WORK PHONE