

Nutcracker Audition Information

[For office use only]
Attach Photo Here

Audition #

Name

Date of Birth

Age

Height

ft.

in.

Weight

It is very important for costuming that we have dancers height and weight on file. If we do not get correct measurements they may not have a costume to wear on stage. Please fill the above portion out as accurately as possible, thank you.

Current Dance Program/ School

ABA

Other School

ABA - Level

ABA Class

Other - Level

Dance School

Pointe Work

Y

N

Years in Dance

No. Days of
ballet/week

No. Hours of
ballet/week

How did you hear about the audition? _____

Do you have any schedule conflicts for the mandatory rehearsals and performances 12/18-12/22/19? for any weekends 10/5 – 12/15/19? (no rehearsals on 11/30 & 12/1). Y / N. If yes, please list the conflicting dates:

We may be able to accommodate you when casting, but we cannot make any promises.

Parent Name

Home No.

Cell No.

Address

Email 1*

Email 2*

*Very important! Two best email addresses for primary parents / caregivers if applicable - this is our main means of communication.

Brief List of Dance/Performance Experience

Signature

Studio Dress Rehearsals

@ ABA, 1402 Park St.

• **Sat, Dec 14** - Act I 10am-6pm (exact times for each group to be announced)

• **Sun, Dec 15** - Act II 10am-6pm (exact times for each group to be announced)

Theater Dress Rehearsals

Castro Valley Center for the Arts

• **Wed, Dec 18** - 4pm-10pm

Spacing Rehearsal for Snow, Flowers, Plum & Finale

• **Thur, Dec 19** - Act I 4:00-10pm (exact times for each group to be announced)

• **Fri, Dec 20** - Act II 4:00-11pm (exact times for each group to be announced)

Performance Dates

Castro Valley Center for the Arts

• **Sat, Dec 21** 2pm & 7pm

• **Sun, Dec 22** - 2pm

Please complete waiver
on the back of this form.

Waiver of Liability Assumption of Risk and Hold Harmless Agreement

For and in consideration of my child's participation in Alameda Ballet Academy/Alameda Civic Ballet (ABA/ACB) programs we, the undersigned, the father and mother and/or guardian of said participant, a minor, do hereby for ourselves, executors, and administrators, agree to forever waive, release, acquit, discharge, and hold harmless, ABA/ACB and its successors, directors, employees, volunteers, interns, and agents from any and all liability, rights, damages, claims, actions, costs, loss of service, expense and compensation, on account of or in any way arising from any and all known or unknown personal injuries and property damage, which the participating minor may incur as a result of the aforementioned participation in ABA/ACB programs or pertaining thereto.

We, the undersigned, hereby acknowledge to be the lawful parents and/or guardians of the above mentioned minor and we, therefore, acknowledge our qualifications to sign the subject agreement on behalf of the said minor.

In consideration of being permitted to participate in any way in ABA/ACB programs, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue ABA/ACB, or its successors, directors, employees, volunteers, interns, and agents for liability from any and all claims including the negligence of ABA/ACB, its successors, directors, employees, volunteers, interns, and agents resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in ABA/ACB programs.

Assumption of Risk: I know and appreciate that risks may arise from my child's participation in ABA/ACB programs. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless ABA/ACB, its successors, directors, employees, volunteers, interns, and agents from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorneys fees) and costs which may arise by reason of participation in ABA/ACB programs. ABA/ACB does not provide insurance for program participants.

Release Authorization For Emergency Treatment: I understand that I am required to maintain and carry accident medical coverage for the child listed on their application and I verify that the coverage information on the Alameda Ballet Academy Registration Form is accurate and true. As parent/guardian, I hereby consent to emergency treatment. I further agree expressly to assume the risk of my minor child participating in ABA/ACB programs.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of liability to the greatest extent allowed by law.

Print Parent/Guardian Name

Signature

Date