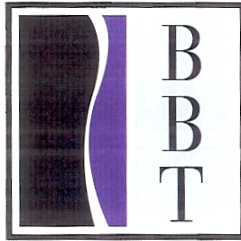


Nutcracker 2018



Berkshire Ballet Theatre

Attach Photo Here

For Office Use Only

Audition # _____

Height _____

Weight _____

Age _____

Role _____

Name: _____ Age as of Sept 1: _____

Date of Birth: _____ Height: _____ ft _____ in; Weight: _____

Dress Size: _____ Leotard Size: _____ T-Shirt Size: _____

Please list any siblings auditioning for the Nutcracker:

Sibling/relative 1 _____

Sibling/relative 2 _____

Sibling/relative 3: _____

I have participated in the BBT/Raue Nutcracker _____ year(s) Role(s) _____

Parent/Guardian Name(s): _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Current dance level/class name: _____

Most recent instructor name: _____

Special skills/talents (tumbling, acting/modeling): _____

***Please read the following and initial each:**

_____ Students may be cast in one or all three performances: December 15th & December 16th

_____ Students are required to take two dance classes: a Ballet Technique class & one instructional class

_____ Dress/tech rehearsals are MANDATORY!

_____ All casting decisions are made solely by the BBT directors and are final.

_____ Participation Fee to be remitted at the 1st parent meeting, check made to Berkshire Ballet Theatre

_____ Children's cast may not miss more than 2 rehearsals

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the BBT® to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the BBT and all others from all liability in taking action, including all action which may be contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

LIABILITY RELEASE: I do hereby agree to release the BBT and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in the program.

PHOTO RELEASE: I, the undersigned, hereby give BBT, its agents, and/or assignees permission to use the photographs, motion pictures or any reproductions of the above student's physical likeness taken of me in my manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval to any finished products, advertising copy, or other matter or use that may be applied, and hereby release BBT, its agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

Parent/Guardian Signature: _____ Date: _____

See back for more information needed

Please list any extra curricular activities you are involved in August – December and include days/times they meet:

(Ex. Cheerleading Mon, Wed, Fri 3-6 pm)

1. _____

2. _____

3. _____

Our rehearsals are held on Saturday from 1:15-6:00 PM, please list any conflicts:

(Ex. Vacation Sept 2-9, 2017)

1. _____

2. _____