



# NUTCRACKER 2021

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For Office Use Only

Audition # \_\_\_\_\_

Height \_\_\_\_\_

Age \_\_\_\_\_

Role \_\_\_\_\_

Name: \_\_\_\_\_ Age as of Sept 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Dress Size: \_\_\_\_\_ Leotard Size: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Please list any siblings auditioning for the Nutcracker:

Sibling/relative 1 \_\_\_\_\_

Sibling/relative 2 \_\_\_\_\_

I have participated in the Nutcracker \_\_\_\_\_ year(s) Role(s) \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

How many years have you danced at Engage: \_\_\_\_\_ Most recent instructor name: \_\_\_\_\_

Current dance level/class name: \_\_\_\_\_

Additional Dance Experience (Location/Years/Style): \_\_\_\_\_

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

- \_\_\_\_\_ Students may be cast in one or all three performances: December 17<sup>th</sup>, 18<sup>th</sup>, and/or 19<sup>th</sup>
- \_\_\_\_\_ Students ages 6 & Up are required to take a minimum of two dance classes at Engage: a Ballet Technique class & one Open Division class; Students ages 3-5 are required to take a minimum of one dance class.
- \_\_\_\_\_ ALL Dress/tech rehearsals are MANDATORY the week of Dec 13-19, 2021, failure to attend ALL rehearsals will result in being removed from the production.
- \_\_\_\_\_ Rehearsals will be held on Saturdays; dancers may miss up to two rehearsals over the entire rehearsal period.
- \_\_\_\_\_ All casting decisions are made solely by the Engage Dance Theatre/Academy directors and are final.
- \_\_\_\_\_ I understand due to the nature of COVID all performance dates, rehearsal times and any production details may change as Engage continues to follow all recommendations by the CDC and local & state guidelines.

MEDICAL CONSENT: In the event of injury, I hereby authorize the program officials of the EDA to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the EDA 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 EDA 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 EDA, 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 EDA, 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, 2021)*

1. \_\_\_\_\_
2. \_\_\_\_\_