## DANCE ANNEX NUTCRACKER 2021 AUDITION FORM



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Dancer's Name:		Audition Number:	
Birthdate:/ / Age:	Grade:	Height:	
For new families/dancers only, please fi	Il out contact info:	Leotard Size:	
Address:		City/Zip:	
Phone: Day	Evening	Cell	
Email:	Guardian(s) (if mir	lor):	
Any health issues we need to be aware	:		
Current Dance Studio:			
Years & Style of Dance Practice:			
How many years have you danced Nuto	cracker with TDA?		
Nutcracker Parts you have been:			
Nutcracker parts you would like to be: _			

Rehearsals for most parts are held Fridays, Sundays and/or Saturdays in September, October and November. Most younger dancers are scheduled for only a few hours per week and may not be needed every week. Your part(s) will determine how often you are scheduled for rehearsal. It is important for you to be at all scheduled rehearsals.

By becoming part of the cast and/or crew, you recognize the inherent risks in any theater program and participate with express agreement and understanding that you hereby waive and release the Dance Annex, its directors, and members from any and all claims, costs and liabilities or illness or injury resulting therefrom and hereby agree to hold harmless the Dance Annex, its directors, and members from and against all claims. The Dance Annex shall also have the right to publish, use or assign any/all photographs or videos taken of me/my child.

Dancer/Parent Guardian Signature (if dancer is under 18 years of age)

Date

Participation and Involvement fee: \$65, due first day of rehearsal.

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