



2018 Nutcracker Audition Form

Audition fee of \$20 per individual is due at the time of audition. Cash, check, and Visa/MasterCard are accepted. Please make checks payable to ABAA.

Dancer Name _____ Age _____ Date of Birth _____ # _____

• Are you available to rehearse on the Saturdays below beginning **September 15th**? **Yes/No**

| Date | Event |
|-------------------------------|--|
| 9/15, 9/22, 9/29, 10/6, 10/13 | Rehearsal |
| 10/20 | NO REHEARSAL |
| 10/27, 11/3, 11/10, 11/17 | Rehearsal |
| 11/24 | NO REHEARSAL |
| 12/1 | Rehearsal |
| 12/8 | Costume Fitting Day -- attendance mandatory; no absences will be excused. |

Please list on the line below any potential conflicts and dates. (Only dates listed here will be considered. ONE (1) absence for an important family or school event may be excused at the discretion of the director, **except for 12/8.**)

• Are you available for dress & tech rehearsals **Tuesday, December 13th, Wednesday, December 14th, and Thursday, December 15th** (all after 4pm)? Are you able to commit to this? **Yes/No**

• There will be (4) performances: **Friday, December 14th** at 7pm, **Saturday, December 15th** at 2pm & 6pm, and **Sunday, December 16th** at 3pm. Are you able to commit to this? **Yes/No*** ***Note: younger parts may be double cast (i.e, 2 afternoon shows, or 2 evening shows)**

• Upon acceptance you must agree to be present for these rehearsals and performances. Casting information will be emailed by **9/11**.

Please print email address clearly: _____

Please fill out the section below only if you were NOT an ABAA student during the 2017/2018 School year:

Student's Academic School 2018/2019 _____ Grade 2018/2019 _____

Previous Dance Experience: Ballet: _____ years, Pointe: _____ years, Jazz: _____ years, Modern: _____ years, Tap: _____ years

Dance Schools: _____

How did you hear about Ashley Ballet Arts Academy? (Please check all that apply.)

Newspaper: _____ Flyer: _____ E-mail: _____ Facebook: _____ Dance School: _____ Word of mouth: _____ Other: _____

Parent Names _____

Street Address _____ City _____ ZIP _____

Primary Phone _____ Secondary Phone _____ E-Mail _____

Emergency Contact _____ Phone _____ Relationship _____

Waiver/Release

I hereby release Ashley Ballet Arts Academy, ABAA, and its agents and employees from all liability for personal injury, illness or property damage occurring on or off the premise leased by ABAA, whether or not caused by negligence of ABAA, its agents or employees. I certify that students listed above are in good health and capable of participation in all activities and classes. In and emergency, I authorize ABAA to take such temporary measures, as ABAA deems appropriate. I hereby give permission to ABAA to take photographs and/or videos of students listed above that will become permanent property of ABAA. I consent to the use of such materials for promotional purposes by ABAA. I agree to pay my account in full when due. I also agree to pay any and all fees associated with the collection of any outstanding g balances on my account.

Signature of Parent/Guardian _____ Date _____

For office use only: Height: _____ Bust: _____ Waist: _____ Hip: _____ Girth: _____ Inseam: _____ Outseam: _____

Back to waist: _____ Waist to knee: _____ Back to floor: _____ Head circumference: _____ Arm length: _____

Upper arm width: _____ Leotard size: _____ Accepted Role: YES/NO _____ (Audition notes on back of form.)