

Dancer Name _____
first and last

Age _____
as of 9/9/2023

Birthdate _____
MM / DD / YYYY



2023 The Nutcracker Audition Form

In-Studio Rehearsals	
9/23, 9/30, 10/7, 10/14	Rehearsal at ABAA Studios
10/21	NO REHEARSAL - Fall Break
10/28, 11/4, 11/11, 11/18	Rehearsal at ABAA Studios
Sunday, 10/29	Photo Day at ABAA Studios - Optional
11/25	NO REHEARSAL - Thanksgiving Break
12/2, 12/9	"Full Act" Rehearsals at ABAA Studios

"Nutcracker Week" Theatre Rehearsals
Wednesday-Friday, 12/13-12/15, after 4:30pm Tech & Dress Rehearsals at Ted Mann Concert Hall

Four (4) Performances
Saturday, 12/16, 2:00pm & 6:00pm Sunday, 12/17, 12:00pm & 4:00pm

At the discretion of the Director, one (1) absence may be considered for an important family, religious, or school event. Please list your one (1) requested excused absence (date and event) below if applicable. No absences will be considered during the following dates: 12/10-12/18; attendance during these dates is mandatory. Absences that are not listed on this form will not be considered.

Requested excused absence (if applicable): _____

With the exception of any requested excused absence above, my child is available to rehearse at ABAA studios on the dates listed. **Yes | No**

My child is available to rehearse at Ted Mann Concert Hall on the U of M campus during "Nutcracker Week." **Yes | No**

I am able to commit to all four (4) performance dates/times listed above. **Yes | No**

I understand that dancers must be actively enrolled in a ballet or pre-ballet class at ABAA in order to participate in *The Nutcracker* rehearsals and performances. My child is enrolled at ABAA for the 2023-2024 School Year. **Yes | No**

I understand that dancers' role(s) will be indicated on their acceptance email. If my child is cast, they will accept their place in *The Nutcracker* production as a whole, and will rehearse and perform to the best of their ability in the role(s) in which they are cast. **Yes | No**

The email address where I wish to receive my audition results is: _____

Please fill out **ONLY** if you were **NOT** a student at ABAA for the 2022-2023(PRIOR YEAR) School Year

Student's Academic School 2023/24 _____ Student's Academic Grade Level 2023/2024 _____

Previous Dance Experience _____

Parent/Guardian Name(s) _____

Address _____

Primary Phone _____ Secondary Phone _____

Email (if different from above) _____

Emergency Contact: Name _____ 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 premises leased by ABAA, whether or not caused by negligence of ABAA or its agents or employees. I certify that students listed above are in good health and capable of participation in all activities and classes. In an 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 agree to pay any and all fees associated with the collection of any outstanding balances on my account.

Signature of Parent/Guardian _____ Date _____

office use only

\$25 Audition Fee due at time of audition Pay by: cash, check (payable to: ABAA), or Visa/MC/Discover (5% fee applies to card transactions)

office use only Payment: cash | check _____ | card _____ charge on acct _____ pmt processed _____

Height _____ Bust _____ Waist _____ Hip _____ Girth _____ Inseam _____ Leotard Size _____