



**Endless Forest Nutcracker Audition Registration Form** Date \_\_\_\_\_

Name: \_\_\_\_\_

Age \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Clothing Size: \_\_\_\_\_ Dancewear Size: \_\_\_\_\_

Dance School: \_\_\_\_\_

Dance Instructor: \_\_\_\_\_

Academic School: \_\_\_\_\_

We will credit all participating dance schools in advertising, programs, and on The Endless Forest Nutcracker Website. Ticket price and participation fee includes Pinetree Reception between the two shows in the Windows Off Washington facility.

I give Dance Project Saint Louis permission to use my child's photo on The Endless Forest Nutcracker website, school advertising, or other publications related to The Endless Forest Nutcracker, such as programs and/or brochures. Yes \_\_\_\_\_ No \_\_\_\_\_

As the legal guardian/parent of the child identified above, I hereby release and grant permission to my son/daughter/minor for whom I am the parent or legal guardian, the right to participate in any and all activities, rehearsals, auditions, performances, publicity activities, photography, and videotaping in connection with Dance Project Saint Louis and The Endless Forest Nutcracker, in regards to the performances on Saturday, November 27<sup>th</sup>, 2010, at Windows Off Washington in the City Museum Building. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that my child and I are to report promptly to Barbara Craig or other teachers at Dance Project Saint Louis any signs or symptoms of distress, abnormality, or pain that occur during The Endless Forest Nutcracker rehearsal period. I understand that all due regard and safety precautions will be used; however, in the event my child is injured or loses personal property, I will not hold Dance Project Saint Louis, Barbara Craig, or Dance Project employees/teachers responsible. My child is physically able to participate in The Endless Forest Nutcracker rehearsal activities at Dance Project Saint Louis. I have read and understand the above, and any questions I have are answered to my satisfaction. I consent to emergency treatment deemed necessary by instructors. Yes \_\_\_\_\_ No \_\_\_\_\_

I do understand and agree to pay the \$25 participation fee, which covers a meal on the day of the performance for my child, a t-shirt, and photographs of the performance. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature/Date \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_