SCB's Nutcracker Participation Form 2025

Please Print Clearly. All dancers interested in performing must fill out this form.

Audition #

DANCER INFORMATION

Name	
Height *Feet* *Inches*	**Age**
List ALL dance classes you're taking this fall.	**If dancing somewhere other than SCB, where? And in what style of dance would you like to be cast?**
Street clothing size	

PARENT/GUARDIAN INFORMATION

Primary Name and Relationship to Dancer	
Primary Phone #	**Emergency Name and Phone #**
Primary Email	

Some students' regular rehearsals will take place in their classes. Some will rehearse Friday after school hours or Saturdays. Please let us know when you're available to rehearse weekly.

☐ Fri afternoon ☐ Sat morning ☐ Sat afternoon ☐ None, class only

Please confirm if you are available for scene rehearsals on Saturdays in November by circling yes or no.

Yes / No - Nov 1 Yes / No - Nov 8 Yes / No - Nov 15 Yes / No - Nov 22

By submitting this form to participate in SCB's *Nutcracker*, the undersigned agrees to accepting the casting decisions made by the SCB staff and committing to attending all rehearsals, as health permits, between now and the performance dates of Dec 13 & 14, 2025, including Saturday rehearsals in November, full cast run-through on Dec 6, and tech rehearsal Dec 11, 2025. I understand that if I am not available for required rehearsals, I may be removed from the show. All fees are non-refundable.

X _____ Date _____

Dancer Signature

X _____ Date_____

Parent/Guardian Signature

Liability Waiver

I do hereby agree to hold harmless SCB, its Board of Directors, officers, agents, independent contractors, successors and assigns from any claims for personal injuries to myself, my boys or girls while participating in said dance or any other studio activities.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Medical condition(s) about which SCB should know: _____

_____

Medical Release

In the event of an injury and parents or emergency contact(s) cannot be reached, any agent of the School of Classical Ballet (SCB) has my permission to undertake whatever emergency medical services he or she deems appropriate under the circumstances. I agree to be responsible for any and all expenses for medical attention authorized by SCB and agree to indemnify it or its agents for any expenses incurred in that regard.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

Permission to Use Photos and Audiovisual Materials Taken at SCB

*(Please **circle and sign only one**)*

YES

I hereby **consent** to and authorize the use of and reproduction by the School of Classical (SCB) of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____

NO

I hereby **decline** to authorize the School of Classical Ballet (SCB) the use and reproduction of photographs and other audiovisual materials taken for the purposes of SCB's promotional printed material, websites and online social media platforms, educational activities, or for any other manner the School of Classical Ballet deems appropriate.

Parent Name: _____

Signature: _____ Date: _____

Print Student's Name: _____