



For Administrative Use Only	
Height	
Audition #	
Category	

**2018 REGISTRATION FORM**

\*Please note: if you are under 19 years of age we will require a parent or guardian to sign on your behalf.

**Name of Student**

First \_\_\_\_\_ Last \_\_\_\_\_ Middle I. \_\_\_\_\_

**Home Phone** (\_\_\_\_\_) \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Gender** Male Female **Age of Student** \_\_\_\_\_ (as of Dec 31<sup>st</sup> 2018)

Previous Parts Played (Goh Ballet's Production) \_\_\_\_\_

Previous Parts Played (Other Production) \_\_\_\_\_

Dance School \_\_\_\_\_ RAD Level (or equivalent) \_\_\_\_\_

Academic School Currently Enrolled in \_\_\_\_\_ Grade \_\_\_\_\_

Languages Spoken **Fluently** (for Media purposes) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Student's Mobile \_\_\_\_\_

**Contact Email:** \_\_\_\_\_  
(Print CLEARLY)

**\*Email to which all *Nutcracker* correspondence and information will be sent**

Guardian Contact \_\_\_\_\_ Relation to student \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

**Where did you hear of *The Nutcracker* Auditions:** \_\_\_\_\_

**Measurements: If possible, please fill this out**

**Height (in feet & inches)** \_\_\_\_\_

**Weight (in pounds)** \_\_\_\_\_

**Ballet Shoe Size** \_\_\_\_\_

*\*Please note, if you are cast in the production, there is a \$295 participation fee and additional costs for performance footwear (varies per role).*



**Liability Release**

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carries a risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that The Goh Ballet, Canadian Dance Productions Inc. and/or Nutcracker production shall not be liable in any way for injuries sustained during attendance, dance class or any related functions. I understand that good dance training and/or rehearsing involves touching and adjustment of the student’s body by the instructor, coach, or choreographer. I further acknowledge that the Goh Ballet, its instructors, Canadian Dance Productions Inc. and/or the Nutcracker production are not responsible for any loss of or damage to the student’s personal property. **X \_\_\_\_\_ (initial)**

**Publicity Release**

I, the undersigned, do hereby grant permission to the Goh Ballet & Nutcracker production to post stories, photos, videos, or other items related to my and/or my child’s experience with the production, hereinafter referred to as “Materials”, on the Goh Ballet & Nutcracker websites, print media and other web platforms and services as well as social media sites such as Facebook and Twitter. I hereby release you, your representative, employees, managers, members, officers, related entities, subsidiaries and directors, from all claims and demands arising out of or in connection with any use of said “Materials”, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the “Materials” or any right therein. **X \_\_\_\_\_ (initial)**

**Medical Release**

In the event that I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Goh Ballet or Nutcracker production to authorize any emergency medical care that may be required by the above noted student during participation in classes, rehearsals, performances, or any related Goh Ballet or Nutcracker production events. I understand that I am responsible for any and all charges as a result of such care or medical treatment. I understand that if the student requires an epinephrine pen administered in the event of an allergic reaction a letter detailing permission of administration is required. Without this letter, epinephrine cannot be administered by any Goh Ballet Nutcracker faculty members under any circumstances. **X \_\_\_\_\_ (initial)**

**The undersigned understands and agrees that *The Nutcracker* reserves the right to void the registration form and participation agreement for conducts that contravene the objectives, rules, regulations and policies of *The Nutcracker* production, Goh Ballet and/or Canadian Dance Productions Inc.**

**Emergency Contact other than parent/guardian listed on the front of this form:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Doctor/Physician \_\_\_\_\_ Physician’s phone \_\_\_\_\_

Please list any special medical conditions (past or present) of which Goh Ballet should be aware of

\_\_\_\_\_

**I have read and agree to all the terms in this registration form:**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**