



DANCE ALLIANCE NUTCRACKER AUDITION

Wednesday, August 30, 2023

4:30pm-6:00pm...Open to Registered Dance Alliance ballet students ages 7 and up.

ALL DANCERS THAT ARE NOT ON POINTE OR HAVE LESS THAN ONE YEAR OF POINTE EXPERIENCE. PLEASE AUDITION IN BALLET SHOES.

6:30pm-7:45pm...Open to Registered Dance Alliance ballet students.

ALL POINTE DANCERS WITH ONE YEAR OR MORE OF POINTE EXPERIENCE. PLEASE AUDITION IN POINTE SHOES.

This is an in-person audition. Upon joining the audition, dancers should warm up, stretch, have water and any other things they will need during the audition. Remember, to attend this audition, this completed form and \$15.00 payment must be received prior to the audition or on the audition day. If other arrangements need to be made in order for DA to receive your completed form and payment, please contact us at 734.429.9599, dancealliance@comcast.net or feel free to call 568.996.4333 (Lisa's cell).

All dancers should wear a leotard, tights, and the proper dance shoes. Hair should be secured in a bun and slicked back out of faces. No bangs! A neat appearance is imperative.

Nutcracker rehearsals will be on Saturdays 2:30pm - 6:30pm and will be in-person. Soloists and certain groups could also have some Thursday evening, Friday evening and Sunday afternoon rehearsals. A detailed rehearsal schedule will be sent via email with acceptance notification. As the performance draws near, be prepared for some extra group rehearsals.

In addition to the \$15.00 Nutcracker audition/registration fee, there will also be a \$300.00 Nutcracker performance fee for all dancers cast in the Nutcracker. This performance fee includes one costume rental and a digital video of the Nutcracker Performance. For all dancers that are cast in more than one part, there will be an additional \$40.00 rental fee charged per costume.

Dance Alliance's production of The Nutcracker will be held at the Saline High School Auditorium on the weekend listed below. We have this date reserved and wait for a confirmation from Saline Community Education.

Dress Rehearsal on Saturday, December 16th and performances on Saturday, December 16th at 7pm and Sunday, December 17th at 2pm.

Nutcracker Audition Registration

Please return this form and a \$15.00 audition fee before or on Wednesday, August 30, 2023.

Name Birthdate Age

Address City Zip

Parent/Guardian Cell(for account/Remind Messages)

Dancer Cell(Remind Messages)

Parent/Guardian Email(for billing/info)

Dancer Email(for info)

Grade Fall 2023 In-Person @ School Virtual w/School Homeschool

STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS

I am _____, the parent or guardian of _____, if applicable, who is enrolling in a program of dance and/or workout instruction at Dance Alliance, L.L.C. I acknowledge that I am fully aware of the hazards and physical stresses associated with dance/any physical activity and I am not aware of any medical or mental condition which would prohibit myself or my minor child from safely participating in this activity. I will inform my instructor or Dance Alliance, L.L.C. of any physical or mental condition which I or my child may incur during the period of enrollment in the course activity which may interfere with his, her or my participation in the course activity.

In further recognition of the risks of injury and illness inherent in any dance/physical activity program, I hereby waive and release Dance Alliance, L.L.C., its owners, employees and agents, on behalf of my child and myself, from and against any and all claims, costs, liabilities, expense or judgements arising out of my participation or my child's participation in Dance Alliance's programs for any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless Dance Alliance, L.L.C., its owners, employees and agents from and against any and all claims, except for illness or injury directly resulting from gross negligence or willful misconduct on the part of Dance Alliance, L.L.C., its owners, employees or agents.

I also give permission to Dance Alliance, L.L.C. to use any dance photographs and/or videos taken of my dancer(s). These photos and/or videos may be used now or in the future for publicity purposes or for programs, posters, tickets, postcards and/or website designs along with social media.

Date _____ Parent Signature _____

Print Parent Name _____

Credit Card Payment Authorization (Visa or Mastercard)

I _____ authorize Dance Alliance, L.L.C. to charge my credit card indicated below for \$ _____ on or after _____ (Date).

Billing Details

Billing address is the same as Registration address on the front of form.

Or different billing address for this credit card...

Billing Address _____

City, State, Zip _____

Credit Card Information

- Visa - Mastercard

Cardholder's Name _____

Credit Card Number _____

Expiration Date _____ / _____

Security Code (CVV) _____

Zip _____

I authorize Dance Alliance, L.L.C. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for services/goods, for the amount indicated above, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(Cardholder)

DATE _____