



Audition Form # \_\_\_\_\_

Last 3 Nutcracker roles (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Dancer Information

I am auditioning for a company role. (Must be at least 12 years old by August 31 and enrolled in a minimum of two intermediate ballet classes every week.)

I am auditioning for a Community Cast role in *The Nutcracker* only. (Must be at least 8 years old by August 31<sup>11</sup><sub>SEP</sub>)

I will accept any part for which I am cast.  Yes  No (if no, please talk to Ken or Josie Johnson before auditioning)

I have read the BNW Dancer Handbook and I agree to abide by the obligations and commitments required for me/my child to be a member of Ballet Northwest's 2019 production of *The Nutcracker* or the 2019-20 Ballet Northwest Company. I understand my obligation as a parent/guardian to volunteer for the productions. I understand dancers must arrive 10 minutes early (community cast) or 30 minutes early (company cast) to warm-up for rehearsals. I understand I must attend the Mandatory Parent Training on Sunday, September 29 (company parents must also attend brief parent meeting with Directors on Sunday, September 22.)

I hereby give my permission to use my/my child's name and photographic likeness in all forms of media for advertising, trade and other lawful purposes.

I have attached copies of drivers licenses for each parent/guardian for volunteer background checks.

\_\_\_\_\_  
Dancer's Name Date of Birth Height (ft / in) Male - Female - Non-Binary  
Gender (circle one)

\_\_\_\_\_  
Address ( ) Dancer's Cell Phone ( ) Home Phone

\_\_\_\_\_  
City, State, Zip Code Dancer Email

\_\_\_\_\_  
Academic School and Grade (if attending)  Please do NOT publish the Dancer's name in the media or on the internet

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\_\_\_\_\_  
Parent / Guardian 1 Name Parent / Guardian 2 Name

\_\_\_\_\_  
Parent / Guardian 1 Signature Parent / Guardian 2 Signature

( ) ( )  
Home Phone Work Phone Home Phone Work Phone

( ) ( )  
Cell Phone Email Cell Phone Work Phone

\_\_\_\_\_  
Emergency Contact (non-parent) ( ) Primary Phone

### Scheduling Information

Rehearsals begin Saturday, September 28, 2019 and could occur on Fridays, Saturdays or Sundays. Please list ALL activities that could conflict with your rehearsal schedule as well as specific conflict dates. Note: you must also fill out Rehearsal Excuse Forms and submit them to Ken, Josie or Mary at least two weeks in advance of each potential absence as we do our best to work around major conflicts when creating the rehearsal schedule. Note: all dancers must be available for *Nutcracker* rehearsal on Sunday of Thanksgiving weekend, and company dancers must be available for spring show rehearsal the second Saturday of Spring Break, April 11.

## Dance Experience

### Dance Experience

Where have you studied? How long? What type of dance?

### Present Dance Experience

Where do you currently study? Classes per week? What type of dance?

### Performance Experience

In what productions have you performed? What was your role? When and where was it performed? If you have been in Ballet Northwest's production of *The Nutcracker*, please list your last 5 roles.

## Participation Fees

- Community Cast Dancer Fee \$175 (If dancer auditions but is not chosen, you will be refunded.)
- Company Dancer Fee \$400 (If dancer auditions for company but is instead chosen for Community Cast, you will be charged community cast fee.)

If dancer has one or more immediate family members participating, they receive a discount:

- First Company Dancer: \$400, additional Company Dancers: \$240 each
- First Company Dancer: \$400, additional Community Cast Dancers: \$105 each
- First Community Cast Dancer: \$175, additional Community Cast Dancers: \$105 each

Total amount due: \$ \_\_\_\_\_

Please list all auditioning family members here:

- I'll pay by check (made out to Ballet Northwest)
- I'll pay the full amount now with credit card (card listed below)
- I'll pay my Participation Fee in 2 equal credit card installments (card listed below), the first to be charged around October 1, the second charged around November 1.

\_\_\_\_\_  
Card Number (Master Card or Visa)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Billing Address and Zip Code

- I'm unable to pay the full fee and request a partial waiver from the Ballet Northwest Board. I am able to pay \$ \_\_\_\_\_ as my fee due to the following circumstances:

## Medical Information

Hospital or Clinic Preference

Primary Care Provider's Name

( )  
Phone Number

Insurance Company

Policy Number

Allergies, Current Medications, or Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent or Guardian Signature (of under age 18)

Date

### **Ballet Northwest Waiver and Release of Liability** *Must be signed prior to dancer's audition on September 21, 2019.*

In consideration of being allowed to participate in any way with Ballet Northwest, including auditions, rehearsals, productions, and related events and activities, the undersigned (and the parent/legal guardian, if applicable):

1. Agrees that, prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise on or both of the Artistic Directors, and/or a member of the Board of Directors, and/or any other person who is reasonably capable of remedying any such condition(s), **and refuse to participate unless and until the unsafe condition(s) is/are remedied. NOTICE TO PARENTS/LEGAL GUARDIANS: BALLET NORTHWEST WILL MAKE ANY AND ALL FACILITIES AND EQUIPMENT TO BE USED REASONABLY AVAILABLE FOR YOUR INSPECTION UPON REQUEST.**
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his or her actions, inactions, or negligence, but also from the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to Ballet Northwest and its officer/directors, or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Ballet Northwest, its respective administrators, directors (including Artistic Directors), agents, teachers (including guest teachers), choreographers, contractors, and/or employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, their heirs, agents, and assigns, for any and all claims, demands, losses or damages on account of injury, including death and damage to property, resulting from participation with Ballet Northwest.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT BY SIGNING BELOW, I AGREE TO BE BOUND BY ALL OF THE FOREGOING TERMS. I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

**SIGNATURES OF MINOR CHILDREN MUST BE ACCOMPANIED BY THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN**

Participant (sign & print name above before audition)

Date

Parent/Guardian if applicable (sign & print name above)

Parent/Guardian Relationship

Date

**Parent/Guardian #1 Volunteer Background Check Authorization (must be completed for each adult who volunteers)**

*Request for criminal history information child/adult abuse information act RCW 43.43.830.*

Date: \_\_\_\_\_

Applicant of Inquiry (please provide as much information as possible, name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number/State : \_\_\_\_\_  
(Please attach a copy of your driver's license and staple to this packet.)

*Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.*

I am the person listed above. I give permission to Ballet Northwest to check my background with any governmental entity and/or law enforcement agency. I understand that a copy of any response received pursuant to such inquiry will be made available to me up on request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use Only:*

Authorization form complete: Yes No

Results reviewed by: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Cleared for regular volunteer work: Yes No

Not Cleared. Further evaluation required: Yes No

**Parent/Guardian #2 Volunteer Background Check Authorization (must be completed for each adult who volunteers)**

*Request for criminal history information child/adult abuse information act RCW 43.43.830.*

Date: \_\_\_\_\_

Applicant of Inquiry (please provide as much information as possible, name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number/State : \_\_\_\_\_  
(Please attach a copy of your driver's license and staple to this packet.)

*Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.*

I am the person listed above. I give permission to Ballet Northwest to check my background with any governmental entity and/or law enforcement agency. I understand that a copy of any response received pursuant to such inquiry will be made available to me up on request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use Only:*

Authorization form complete: Yes No

Results reviewed by: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Cleared for regular volunteer work: Yes No

Not Cleared. Further evaluation required: Yes No