



For Administrative
Use Only
Audition # _____



Audition Registration Form 2025

****Please note: if you are under the age of 18 and are accepted into the production, we will require a parent or guardian to sign on your behalf****

Name of Student _____ Parent Name _____

First Last Middle I.

Phone (____) _____ Gender _____ Age _____ Date of Birth _____

Part Played in Nutcracker in the Past _____

Dance School Currently Enrolled in _____

Dance Experience (dance classes
taken) _____

Home Address _____

City _____ State _____ Zip _____ How long would it take you to drive to rehearsal?

Email (parent email if under 18 years) _____

Parent/Guardian Name _____ Relationship to Student _____

Phone _____

Measurements (in feet and inches):

Height: _____ Weight _____ Chest _____ Waist _____ Hip _____ Inseam _____

T-shirt Size:

Child: XS S M L XL

Adult: S M L XL XXL XXXL

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 Cotton Rose School of Dance at the Averitt Center for The Arts or The 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 involves touching and adjustment of the student's body by the instructor. I further acknowledge that Cotton Rose School of Dance at the Averitt Center for The Arts or The Nutcracker Production are not responsible for any loss or damage to the student's personal property.

Initial: _____

Publicity Release

I hereby authorize Cotton Rose School of Dance at the Averitt Center for The Arts and The Nutcracker Production to record the student's picture and voice on photographs, films, and tapes, to edit these recordings into movie and sound films on tape, disk or digital download, radio, newspaper, television, or social media posts. I also give my permission for Cotton Rose School of Dance at the Averitt Center for The Arts and The Nutcracker Production to use and license others to use these materials for publicity advertising and sales promotion, and to use the student's name, likeness, and or voice. I also acknowledge that no promises of compensation are made by Cotton Rose School of Dance at the Averitt Center for The Arts or The Nutcracker Production for such use.

Initial: _____

Medical Release

In the event that I cannot be reach, I hereby give my permission to the management, faculty, staff and chaperones of Cotton Rose School of Dance at the Averitt Center for The Arts or The 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 Cotton Rose School of Dance at the Averitt Center for The Arts or The Nutcracker Production events. This authorization extends throughout the current academic year. I understand that I am responsible for any/ all financial charges as a result of such care or medical treatment.

The undersigned understands and agrees that Cotton Rose School of Dance at the Averitt Center for The Arts or The Nutcracker Production reserves that right to void this participant for conducts that breach the objectives, rules, regulations and policies of Cotton Rose School of Dance at the Averitt Center for The Arts or The Nutcracker Production.

Emergency Contact Other that parent/guardian listed on front of this form.

Name _____ Phone _____

Relationship to Student _____

Doctor/Physician _____ Phone _____

Please List any Medical conditions, allergies (past or present) that we should be aware of

Special Medical Requirements (example: need to check blood sugar, keep EpiPen close by)

I have read and agree to the terms above

Name _____

Signature _____

Date _____

