



BRAVA Nutcracker 2023 Audition

DANCER'S INFORMATION

Dancer's First Name *

Dancer's Last Name *

Dancer's Age *

Dancer's Birth Date *

Dancer's # of year(s) training *

Month Day Year

Dancer's current ballet school *

Ballet school name & city

List previous ballet schools, cities, dance title roles, and number of years of affiliation *

Dancer's ACADEMIC SCHOOL DISTRICT *

Dancer's Ethnicity *

Dancer's Gender Identity *

Asian

Male

Black/African

Female

Caucasian/White

Decline to State

Hispanic/Latinx

Native American

Pacific Islander

Prefer not to answer

Dancer's Home Phone *

Dancer's Cell Phone *

Dancer's Email *

Dancer's Home Address (street number, street name, city, Zip code)*

If the Dancer receives a part in this production, the Dancer will agree to fulfill all conditions and obligations as described in this audition packet and as communicated at the mandatory Cast Meeting(s)

Signer's relationship to Dancer *

Mother

Father

Legal Guardian

Self/Dancer, who is 18 of age or older

Signature

MOTHER'S INFORMATION

(if Dancer is a minor)

Mother's First Name *

Mother's Last Name *

Does the Mother live with the Dancer *

Yes

No

Mother's Address (if different from Dancer's address)

Mother's Cell Phone *

Mother's Email *

Mother's Employer

FATHER'S INFORMATION

(if Dancer is a minor)

Father's First Name *

Father's Last Name *

Does the father live with the Dancer *

Yes

No

Father's Address (if different from Dancer's address)

Father's Cell Phone *

Father's Email *

Father's Employer *

EMERGENCY CONTACT INFORMATION

Emergency Contact First Name *

Emergency Contact Last Name *

Emergency Contact Phone Number *

Physician's First and Last Name *

Physician's Phone Number *

Physician's Address *

Preferred Hospital Name & Address *

DANCER'S MEDICAL CONSENT

Dancer/Dancer's Parent/Dancer's Legal Guardian authorizes BRAVA, through this agent, to consent to medical care of the above minor entrusted to BRAVA's care, to include any x-ray examination, anesthetic, , medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of medical practice at: *

Dancer/Dancer's Parent/Dancer's Legal Guardian consents to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the dental practice:*

Dancer/Dancer's Parent/Dancer's Legal Guardian further agrees to hold BRAVA and Riverside Ballet Arts and its agents free and harmless from any and all liabilities resulting from their active or passive negligence, but not willful negligence, causing injury to the above minor or to his/her property. *

Drug/Medical /Food Allergies & Medical Concerns:

By checking the box below, I certify that I have read and fully understand, and agree to medical consent form as described above.

Yes, I grant medical consent as described above.

Signer's relationship to Dancer *

Mother

Father

Legal Guardian

Self/Dancer, who is 18 of age or older

PUBLICITY RELEASE & HOLD HARMLESS

I hereby authorize and give full consent to BRAVA and Riverside Ballet Arts to write, publish, and prepare articles, photographs and/or videos concerning my activities in connection with BRAVA and Riverside Ballet Arts. BRAVA and Riverside Ballet Arts may use, or cause to be used, these articles of photographers for any and all exhibitions, public displays, commercial art, and advertising purposes, without limitation and/or without compensation.

I specifically waive and relinquish all rights to videos and filming of my activities described above with full knowledge that the videos and filming may subsequently be distributed for showing to the public and I further waive and relinquish any and all rights with respect to such distribution and showing.

I agree to hold BRAVA and Riverside Ballet Arts and its agents, free and harmless from any and all liabilities resulting from their active and/or passive negligence, but not willful negligence, causing injury to me or to my property.

By checking the box below, I certify that I have read fully understand, and agree to the above publicity release and hold harmless descriptions. *

Yes, I understand to the publicity release and hold harmless terms

Signer's relationship to Dancer *

Mother

Father

Legal Guardian

Self/Dancer, who is 18 of age or older

COSTUME LIABILITY

Dancers/Parents of all Dancers are responsible for any damage to costumes, scenery, props, and/or facilities during this production event. It is very important that you take good care of the costume(s) in which you will be borrowing for the production. In the event that something happens to the costume(s) while it is in your control, you will be held responsible to pay for it. Fines will be assessed according to the damage that is done. Thank you in advance for your cooperation.

By checking the box below, I accept the costume liability terms and accept financial responsibilities for damages caused to any costume(s) assigned to the registered Dancer during this production. *

Yes, I agree to the above terms.

Signer's relationship to Dancer *

Mother

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Legal Guardian

Self/Dancer, who is 18 of age or older

BRAVA's 2022 Nutcracker Performance Guidelines for Health & Safety

The following recommendations are applicable to all dancers, staff, and volunteer crew:

1. Practice good hand hygiene
2. Vaccinations recommended
 - Covid vaccination (primary series and boosters as per CDC guidelines)
 - Seasonal influenza vaccine

To minimize any disruption to rehearsals and performances, the following guidelines are recommended for all dancers, staff, and volunteer crew to minimize the transmission of contagious infectious illnesses:

In case of illness:

1. Dancers should notify Artistic Director (AD) if they begin to experience any symptoms of illness.
2. BRAVA volunteer crew should notify Volunteer crew lead if they begin to experience any symptoms of illness.
3. A Covid test (home kit or PCR) is recommended at the beginning of symptoms.
4. Return to rehearsals and/or performance as per current Riverside County Department of Health Guidelines and proof of a negative COVID-19 test result.

During Tech week, the following protocols may be implemented depending on the current community infection rates of Covid, Influenza, and other communicable illnesses:

1. Temperature checks when entering the studio and theater

Please note: A more detailed protocol will be determined and announced during the Safety Meeting before Tech Week based on the most updated guidelines set by Riverside County Department of Health, the CDC, and the performance venue.

By clicking the box below, I agree as the Dancer/Dancer's Parent/Dancer's Legal Guardian to follow the BRAVA's 2023 Nutcracker Performance Guidelines for Health and Safety as described above and any guideline changes as announced during the Nutcracker dance season to align with State and Federal health and safety guidelines. I also agree to not hold BRAVA responsible for any illness incurs, including COVID-19. I agree to stay home/keep my Dancer home if immediate family member(s) have been exposed to or have tested positive for COVID-19. *

Yes, I agree to the health safety terms

Signer's relationship to Dancer *

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Legal Guardian

Self/Dancer, who is 18 of age or older

ABSENCES FROM NUTCRACKER REHEARSAL

Attendance at all scheduled rehearsals is **MANDATORY**. One unexcused absence is grounds for removal from the production. The following is a list of procedures to request for excused absence from rehearsal. Please be advised this process should be used only if an absence may be unavoidable.

Policy and Procedure for Rehearsal Absences:

1. A request for an excused absence should be made in writing to the Artistic Director of Productions, *through the front desk for Riverside Ballet Arts*.
2. The Artistic Director (AD) of Productions will review the details and determine if an excused absence will be granted. The AD of Productions could consider the role of the dancer, the length of the rehearsal the dancer will miss, how close we are to production, the details of the event, the agenda of the rehearsal, etc.
3. The requestee will be notified in writing if the excuse is accepted and granted.
4. Medical excuses require a doctor's note.
5. Requests for excuses should be made in advance when possible. However, all request for excused absences must be made in writing.
6. If dancer tests positive for COVID-19, proof of negative results as described in Health Safety Guidelines

By clicking on the box below, I will comply with the policy and procedures for rehearsal absences. *

Yes, I agree with the terms described above

Signer's relationship to Dancer *

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Legal Guardian

Self/Dancer, who is 18 of age or older

BRAVA PRODUCTION COMMITMENT DETAILS

DATE COMMITMENTS

Rehearsals will be held at (unless notified otherwise):

Riverside Ballet Arts/BRAVA
6465 Sycamore Canyon Rd, Suite 110 Riverside, CA
92507 (PLATT COLLEGE BUILDING)

Rehearsal will be held on Tuesday, Wednesday, and Friday evenings for advanced corps de ballet and soloist. All other cast members will have rehearsals on Saturdays between 12:00 pm and 6:00 pm and some Sundays (only when absolutely needed). Rehearsals will be posted monthly.

The following dates are mandatory in addition to regularly scheduled weekly rehearsals.

- *Wednesday, September 6, 2023 Mandatory Cast/Parent Meeting 7:00 pm
- *Saturday, December 9 and Sunday, December 10, 2023 Full rehearsal run through (TBA, times to be announced)
- *Sunday, December 10, 2023 Mandatory Cast Parent meeting (TBA, times to be announced)
- *Monday, December 11 - Friday, December 15, 2023 Rehearsal/ Outreach/ Performance(TBA, times to be announced)
- *Friday, December 15 - Sunday, December 17, 2023 Performance

Performance Dates and Times:

- Outreach Thursday, December 14, 10am
- Outreach Friday, December 15, 10am
- Public Performance, Friday December 15, 8:00pm
- Public Performance, Saturday, December 16 1:00pm & 8:00pm
- Public Performance, Sunday December 17, 1:00pm

PARENTS/LEGAL GUARDIAN'S TO DANCERS WHO ARE MINORS: VOLUNTEER COMMITMENTS

Must volunteer 4 or 6 times. Details will be provided at Mandatory Cast Meeting.

Yes, I agree to the production commitments as described above

Signer's relationship to Dancer *

Mother

Father

Legal Guardian

Self/Dancer, who is 18 of age or older