

SACRAMENTO BALLET NUTCRACKER 2011 EMERGENCY INFORMATION

(THIS FORM MUST BE COMPLETED AND RETURNED TO THE BALLET OFFICES WITH THE PARENT PERMISSION FORM (back page) BY NOVEMBER 1st. DANCERS WITHOUT A COMPLETED EMERGENCY FORM WILL NOT PERFORM)

Dancer's Name: _____
Last First Middle

Role: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Additional Contact Numbers: _____

Address: _____
Street

City State Zip Birth Date: _____

Mother's Name: _____ Circle one: Natural Step
 Guardian/Foster

Employer: _____ Work phone: _____

Father's Name: _____ Circle one: Natural Step
 Guardian/Foster

Employer: _____ Work phone: _____

If my child is ill or has an emergency and I cannot be reached, please call and release my child to:

Name: _____ Relationship: _____
Phone: _____ Cell Phone _____
Name: _____ Relationship: _____
Phone: _____ Cell Phone _____

Please list any known health problems or allergies your child may have: _____

Doctor: _____ Phone number: _____

Medical Insurance: _____ Group Number: _____

Hospital preference: _____

Medical Release

I hereby give my permission to the management, faculty, and staff of The Sacramento Ballet to authorize any emergency medical care that may be required during my child's participation in classes, performances, or any related Sacramento Ballet events. This authorization extends throughout the entire year or until that registrant is no longer participating in The Sacramento Ballet classes, performances or related events. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of myself or my dependent, I assume the risk and agree that The Sacramento Ballet shall be held harmless and is not liable in any way for any injury sustained to my child during attendance in any classes, rehearsals, performances or any related functions.

I understand that good training involves physical manipulation and adjustment of the student's body by professional artistic staff. I also understand that my child may be chaperoned or supervised by volunteers.

Please attach a copy of both sides of your child's medical card.
(Copies of medical cards can not be made at The Sacramento Ballet Studios).

X _____ X _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

**PARENT'S/GUARDIAN'S APPROVAL
FOR
PERFORMING IN *THE NUTCRACKER***

Dancer's Name: _____

Parent / Guardian's Name: _____

Dancer's role and cast: _____

Theater & Promotional Rules

1. Dancers will be on time for rehearsals & promotions and ready to participate.
2. Dancers will sign in 90 minutes before every performance, unless directed to do otherwise by supervisors. Dancers having two performances on one day must sign in for each performance.
3. While in the theater dancers will stay in their assigned dressing room and be respectful of the other cast members and their belongings.
4. All dancers except those who are dancing the role of Waltz of the Flowers, will have make up applied by the make up department.
5. Dancers may not eat or drink (except for water) when in costume.
6. Food and drinks (except for water in an appropriate container) are not allowed in the dressing rooms.
7. Dancers may not use body make-up or glitter.

I have read the above rules and I promise to follow them. I understand that infractions could result in removal from the production.

Dancer signature _____

Each child chosen to perform is assessed a participation fee (maximum of \$150 /family, excluding Flowers). The fee covers, in part, the cost of rehearsal personnel, costume fitting & cleaning, theatre make-up, and administration. Limited Financial Aid is available.

Christmas Dolls/Cooks/Teeny Tiny Mice/Cherubs/Prologue	\$50
Arabian Attendants/Baby Bunny & Baby Mouse/ Soldiers/Dragon Attendants/Reindeer	\$65
Angels/Mother Ginger Children/Party Children/Candy Canes/ Chinese Attendants/Sugar Plum Fairy Attendant	\$75
Waltz of the Flowers	\$150 (DETP students \$75)

Publicity Release

I hereby authorize The Sacramento Ballet to record my child's picture and voice on photographs, films, or tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tapes, radio, or television programs, and for publicity, and fund raising purposes. I acknowledge that no such promises of compensation were made by The Sacramento Ballet for such use.

The Promotion of the Sacramento Ballet's Nutcracker is an integral part of the Nutcracker season, on occasion **some** children in the production of the Nutcracker **may be** requested to participate in promotional activities (see Nutcracker Promotion sheet).

I agree to the Theater and Promotional Rules and wish my child to perform in the NUTCRACKER. I understand they must attend EVERY assigned rehearsal and performance. I have discussed the above rules with my child and understand that infractions may result in their removal from the production. I am the legal custodial parent or legal guardian of this child.

Signature _____ Date _____
Parent/Guardian

**DEADLINE FOR PARENT'S/GUARDIAN APPROVAL FORM, EMERGENCY FORM, AND
PARTICIPATION FEE IS NOVEMBER 1ST.**