# Registration for Jersey City Dance Academy's Nutcracker in a Nutshell

Student Name	Parent Name
	you are signing up for: g dance class to participate in the nutcracker dance)
Level ½ Ballet Level ½ Hip Hop/Jazz	
Level 3/4/5 Ballet Level ¾ Jazz	
*Early Childhood Ages 4-5	
Parent Dance *Adult Ballet	

\*Adult Ballet and Early Childhood will learn their dances during their regularly scheduled class time.

## **Cost Breakdown**

- All Level 1-5 \$200 for 1 dance and an additional \$75 for a second dance.
- Principal Roles \$200 (By Audition Only) Audition Tuesday June 17th
- Parent Dance \$25
- Adult Ballet \$130 for 6 week Adult Ballet Class with additional \$100 costume rental fee
- Early Childhood \$100 Costume rental fee

# Rehearsal Schedule

### Principal Roles begin rehearsal in September FRIDAYS 5-8PM

- September 5th Clara, Nutcracker, Sugar Plum
- September 12th Clara, Nutcracker, Sugar Plum
- September 19th Clara, Nutcracker, Sugar Plum
- September 26th Clara, Nutcracker, Sugar Plum

### All Group Dance rehearsals begin in October

- October 3rd All except early childhood and Adult Ballet
- October 10th all except early childhood and Adult Ballet
- October 17th all except early childhood and Adult Ballet
- October 24th all except early childhood and Adult Ballet
- November 7th all except early childhood and Adult Ballet
- November 14th All Cast (Early Childhood rehearse from 6-7pm)
- November 21st All Cast (Early Childhood rehearse from 6-7pm)
- December 5th 5-8pm All cast including early childhood and Adult Ballet
- December 12th Dress Rehearsal @JCDA 5-8pm All cast including early childhood and Adult Ballet
- December 13th
- Show Day 1 December 13th 7:30pm show
- · Show Day 2 December 14th 4:00pm Show

### Friday Rehearsal Schedule

6-7PM	Ballet ⅓	Jazz 3/4	Sugar Plum Clara/Nutcracker
7-8PM	Hip Hop/Jazz 1/2 Clara/Nutcracker	Ballet 3/4/5	Parent Dance

### **Waiver of Liability**

I hereby release, indemnify and hold harmless Jersey City Dance Academy, Inc, its owners, members, advisors, Board of Directors, and all employees and agents of these parties from all liabilities, suits, claims. and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Jersey City Dance Academy, Inc. activity for injuries to any person or property, whether on or off the premises. The student/participant named below does voluntarily participate in any and all Jersey City Dance Academy, Inc. activities and that the student/participant and I understand that certain risks are inherent to and from participation and involvement with Jersey City Dance Academy, Inc. and in its various formal and informal activities. These activities include but are not limited to Dance and Gymnastics. Jersey City Dance Academy, Inc. is not responsible for any lost or stolen property, at any time. Anyone found to be violating any of the rules, codes of conduct, or found to be disruptive to either another individual or group may be asked to leave the premises or off-site location at any time and be refused reentrance without any full or partial refund.

#### **Medical Release**

As the parent/legal guardian of the student/participant named below, I request and authorize that in my absence the student/participant named below be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named below. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Jersey City Dance Academy, Inc, its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

#### **Photo Release**

I hereby understand and am fully aware that the student/participant named below may be participating in Jersey City Dance Academy, Inc. activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Jersey City Dance Academy, Inc. perpetually, exclusively, and for all media throughout the world (including print, non theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in Jersey City Dance Academy, Inc. activities. I hereby agree that I will not bring or consent to others bringing claim or action against Jersey City Dance Academy, Inc. on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Jersey City Dance Academy, Inc, its owners, members, Board of Directors, and all employees and agents of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against Jersey City Dance Academy, Inc. in connection with the Property. This agreement shall not obligate Jersey City Dance Academy, Inc. to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Jersey City Dance Academy, Inc. shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization

#### Communication

By providing your email address, home phone number and/or cell number you are agreeing to receive communication from JCDA about classes and activities at the school and your account.

(Print)	<del></del>
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Parent/Legal Guardian:	_
(if student is under 18) (print name)	
// (mm) (dd) (yyyy) (signature)	
Acknowledgment of P	erformance Dues Responsibility
	the fees for participation in performances and all other or myself/my child related to performances.
Payment amount due for participati	on Due By Friday October 3 <sup>rd</sup> , 2025

Student (18+ only) or Parent/Guardian's Signature: \_\_\_\_

Student/Particinant Name