

Minnesota Ballet Theatre The Great Halloween Adventure 2021 Contract/Registration Form

Performances will take shape according to public health guidance and may be presented October 30. At a theatre The Halloween Adventure will be held at the Eden Prairie High School Auditorium with stage dress rehearsal on Thursday, October 28 and Friday, October 29. Performance will take a place on Saturday October 30, 1pm.

| Print CLEARLY: | |
|--|----------------------------|
| Dancer's Name: | Age |
| (As you wish it to appear in program) | |
| Parent/Volunteer First and Last Name: | |
| Address: | |
| Email: | |
| Cell Phone: | |
| Volunteer Opportunities | |
| Every family is required to volunteer at least 1 position per family, during the The Halloween | Adventure season. |
| In addition, each family must participate on a volunteer committee. Please sign up for a volunt | eer position and a |
| coordinating committee using the website that will be emailed to you by Saturday, September | |
| volunteer opportunities that will be discussed at the parent meeting. If you do not receive an econtact the office. Thank you! | email by this date, pleaso |
| -Wardrobe – fittings, mending & cleaning, collection & storage, inventory costumes | |
| -Costume Construction & Alterations – sewing, alteration and embellishment of costumes | |
| -Back stage help-Hair & Make-up – comfortable with buns, French twists, bobby pins, hairspra | y and make up |
| -Props and Stage Crew – loading in/out props & sets, helping backstage during dress rehearsal | l and production |
| -Publicity and Marketing - poster distribution, online social media, news paper | |
| -Boutique Sales – lobby sales, flowers | |
| -Special Events – opening night events, decorating the lobby | |
| -Girl Scout Event – decorating event, helping organize, helping to connect with interested troop | ps |
| -Cast- Be a part of the party scene for the Nutcracker. Rehearsals are required. | |
| Please circle if you will be signing up to volunteer, or agreeing to the buy | out |
| YES NO (Buy out) | |
| | |

Please bring 1 check made out to **Minnesota Ballet School** for the audition fee.

Please provide FOUR SEPARATE CHECKS payable to Minnesota Ballet Theatre.

One check for the Production Fee \$175, one check for the \$100 refundable Costume deposit, one check for the \$100 refundable Volunteer deposit. One check for the \$60 refundable DVD deposit.

The Costume, Volunteer and DVD deposit checks will be destroyed when all costume parts are returned and volunteer requirement is fulfilled and DVD purchased for Cash. If you are "buying out" your check will be deposited.

THE CONTRACT/REGISTARTION AND CHECKS MUST SUBMITTED before, SEPTEMBER 8th, 2021.

| Nutcracker Production Fee | Check # |
|-------------------------------------|---------|
| Costume Deposit (separate check) | Check # |
| Volunteer Deposit (separate check) | Check # |
| DVD of Performance (separate check) | Check # |

If children live with/in multiple families/households, an adult/parent/quardian from each household must sign the Contract and must be present at the Nutcracker parents meeting for dancer to participate in The Halloween production. If a parent or guardian is out of town during the meeting, please contact: minnesotaballettheatre@gmail.com I/We the parents of ___ ____ ("Student") fully understand that dance and exercise programs are physical activities that carry the risk of injury, and will not hold Minnesota Ballet School (MBS) or Minnesota Ballet Theatre (MBT), its owners and its staff/independent contractors, jointly and separately, responsible for accident, personal injury claims, or medical expenses arising through or from participation in activities as a student of "MBS or MBT" in or upon the premises of "MBS or MBT" or at any off site performances. Parent/Guardian Initials _____ I/We understand that participation in The Halloween Adventure requires a significant commitment. I/We agree that "Student" will attend all the scheduled rehearsals, arriving on time, and staying for the duration of each rehearsal. Parent/Guardian Initials I/We understand "Student" may be removed from The Halloween Adventure for poor rehearsal and/or class attendance. I/We agree student will attend classes on a regular base. I/We will not commit to any other activities that will conflict with the production of The Halloween Adventure. Parent/Guardian Initials I/We agree that "Student" will not be allowed to attend classes or perform, if "Student's" tuition and/or participation fees are not paid in full, on time. I/We agree that tuition and participation fees are nonrefundable. Parent/Guardian Initials I/We agree to volunteer for The Halloween Adventure. Sign Up for volunteering will be online via "Sign-Up," on September 15th. If I/We do not sign-up by October 1st, I/We understand that the parent will "buy out" of their volunteer commitment. A check for \$100.00 to MBT is due September 8th. Parents who have written checks, but volunteered, their checks will be destroyed after the nutcracker production. Parent/Guardian Initials_ I/We understand The Halloween Adventure costumes are the property of MBT. I/We understand the costumes are custom made and delicate. I /We understand "Student" must take special care when wearing the costumes. I/We agree to be responsible for the cost to repair/replace damaged (beyond reasonable wear) and/or lost costumes as a result of "Students" actions. This will be secured with the costume deposit, of \$100 to MBT, required on September 8th. This check will be destroyed after your child's costume is returned in good condition. I/We agree to provide "Student" with the required shoes, tights and undergarments. Parent/Guardian Initials I/We agree to purchase DVD with MBS The Halloween Adventure production. A check for \$60.00 will be destroyed after DVD will be purchased for cash. Parent/Guardian Initials _____ I/We give "MBT" permission to use photographs and performance/class video of "Student" for material such

as, but not limited to advertisements, brochures and website. Parent/Guardian Initials

| Please Print Name | |
|--|---|
| Parent/Guardian Signature | Date |
| I/We certify that I/we have sole and full authority to sign this binding indemnify "MBS or MBT" from any misrepresentation as to my author read and fully understand and accept these terms of enrollment. I/We portion of this form will prevent Student enrollment at MBT The Hallo Parent/Guardian Initials | ity to do so. I/We certify that/We have understand that failure to sign any |
| I/We agree that if "MBS or MBT" incurs any legal fees and costs as a re I/we will be fully responsible for all such fees and costs. This contract which "Student" is a student at "MBS". Parent/Guardian Initials | remains in effect during any time in |
| I/We understand that "Student" may be removed from a performance, for reasons such as, but not limited to poor rehearsal/class attendance parent), unpaid accounts and so on. I /We understand that "Student" rebehavior in the studio (studio space includes the classroom, waiting as may include, but is not limited to, removal from "MBS", demotion to a performances. I/We understand that there are no refunds or credits geither temporarily or permanently from either a performance and/or | e and poor attitude (by the "Student" or may have consequences for poor reas, dressing room and bathroom). This lower level, loss of parts in liven for Students who are asked to leave |
| I/We agree not to ask that "Student's" part in any production be chang | ed. Parent/Guardian Initials |
| I/We understand "MBS", in its sole discretion, reserves the right to ask either temporarily or permanently, with or without notice, or to refuse and/or participation in performances. Parent/Guardian Initials | e any student enrollment in its program |
| I/We have received a copy of The Halloween Adventure Information C explanation. Parent/Guardian Initials | ast, Parts and Rehearsals Preliminary |
| I/We understand that participation in The Halloween Adventure is on ballet exclusively at MBS. I/We understand that MBS students who re other studios are not permitted to participate in The Halloween Adver ballet only from MBS, and should my child take classes from another s Nutcracker Parent/Guardian Initials | ceive additional ballet training from Iture. I/We agree that my child takes |