



Participation Agreement

Spring Production “Sleeping Beauty”, 2024

This agreement is to notify _____ (the dancer) of the obligations to which they must agree in order to perform in the North County Classical Ballet’s (NCCB) Spring performance of “Sleeping Beauty” for 2024. The Production is to be held on Saturday, May 25th, 2024 at 1 pm in El Camino High School. We rely on the commitment to the terms of participation outlined in this agreement for each of the cast in order to ensure a successful production.

1. The performance fee is \$395 for the first child, \$300 for second or third child. The performance fee is charged to help cover the costs incurred in staging the Production; includes renting the theater, the use of costumes, and additional class time, and fees are non-refundable. The performance fee is due by Thursday, February 15, 2024. All dancers will be cast in the show. Adult female performers are asked to pay a costuming fee of \$150 (\$100 if performing with a child).
 2. Expectations for rehearsal attendance. The dancer is expected to attend all rehearsals and performances. Most rehearsals will be held during class. Additional rehearsals will be scheduled as needed. Absences will be allowed on a case-by-case basis.
 3. A stage rehearsal will be held on the morning of Saturday, May 25th.
 4. As you know it takes a tremendous amount of work to put together a full staged ballet production. The performance is the highlight of the dancing year for the students and we want it to be a positive and safe experience for everyone. Therefore, a volunteer commitment is required from every family who has a child in the show. This will ensure there is enough support for the dancers and directors. Volunteer opportunities will include, but are not limited to, help with costumes, ushering, concession sales at the show, ticket sales, chaperone at dress rehearsal and the show, provide refreshments and activities for dancers backstage.
 5. Please indicate below all known dates when the dancer will not be able to attend class or any already known circumstance that may interfere with regular dance classes, rehearsals or performances, such as school plays, trips, family vacations etc.
-

Please initial each blank

_____ I represent that the dancer is in good health and physically capable of participating in all rehearsals and performances.

_____ I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency in which I cannot be reached, I authorize NCCB to seek any medical assistance reasonably required. I agree to be responsible for medical expenses incurred on behalf of the dancer during the Production.

_____ I further understand and agree that NCCB is not responsible for personal property that may be lost or stolen during the dancer's participation in the Production.

_____ I also give my consent to NCCB to produce and use, without charge, limitation or condition, photographs, film, footage, or other audio or video recordings that may include the dancer's image, person or voice for purposes of sales, promoting, marketing or interpreting NCCB programs, services and/or productions.

_____ Prior to signing this document, I have had an adequate opportunity to read and understand it and have discussed and gone over the commitment with my child, have had an opportunity to ask questions about it, and my questions have been answered to my satisfaction. My signature below indicates that I understand the performance procedures and I am prepared to follow them.

_____ I understand there will be additional studio and theater rules and procedures regarding the rehearsals and performances that I will be expected to follow.

_____ I also recognize that there is a required volunteer commitment from every family.

Dancer's Name (please print) _____

Class/Level _____ will participate in the rehearsals and performances

Name _____ Date _____

Address _____ Phone _____

E-mail _____

Signature of dancer _____

Signature of parent or legal guardian _____