

THE SCHOOL OF  
**BALLET**  
ARIZONA

CARLOS VALCÁRCEL SCHOOL DIRECTOR

**Audition #** \_\_\_\_\_  
SBAZ Office Use Only

**2017 Ballet Arizona Studio Company Registration Form**

**PLEASE PRINT CLEARLY!!!**

**DANCERS NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**YEARS OF DANCE:** \_\_\_\_\_

**SCHOOL AFFILIATION(S):** \_\_\_\_\_

**COMPANY AFFILIATION(S):** \_\_\_\_\_

**RELEASE**

I recognize the risks of accident or injuries associated with an audition class and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release **BALLET ARIZONA** and agree to hold **BALLET ARIZONA** harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with **BALLET ARIZONA**, except for those relating from gross negligence or willful misconduct of **BALLET ARIZONA**. I hereby execute and deliver this release to induce **BALLET ARIZONA** to permit me to participate in its audition class.

I have read and hereby agree to and accept the aforementioned provisions of this release.

\_\_\_\_\_  
Signature of Auditioner

\_\_\_\_\_  
Date