

Nutcracker

BALLET ARIZONA

2017 Registration Form

Ballet Arizona Use Only

HEIGHT: _____ AUDITION #: _____

SBAZ: ___ ASA: ___ OPEN: ___ CAMDEN: ___

PLEASE PRINT CLEARLY!!!

Years of Dance _____

DANCERS NAME: _____ DOB: _____ AGE: _____

PARENT OR GUARDIAN'S NAME(S) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ E-MAIL: _____

EMERGRNCY CONTACT:

1. _____ PHONE: _____ RELATIONSHIP: _____

2. _____ PHONE: _____ RELATIONSHIP: _____

Please indicate if you have a sibling auditioning: _____

Audition Injury Waiver

I recognize the risk of injury inherent in any dance event and am participating in these auditions upon the express agreement and understanding that I am hereby waiving and releasing Ballet Arizona from and against any and all claims, except for injury directly resulting from gross negligence or willful misconduct on the part of Ballet Arizona.

Signature of parent or guardian

Date

TURN OVER →

Ballet Arizona Video and Photography Release

I, _____, grant Ballet Arizona and its representatives permission
(parent's name)
to use video, photographs and images of _____ in promotional and
(child's name)
marketing materials. This use includes, but is not limited to, direct mail season brochures, postcards, publicity, print and televised advertising, and the Ballet Arizona web site.

Ballet Arizona agrees not to divulge any contact information to reporters without my written approval. Details such as name and age of the above child may be used for press purposes, in articles and/or photo captions, only.

Parent/Guardian Name (please print)

Signature & Date

NOTE: This release refers to video and/or photos taken on the day of auditions only. If your child is cast you will need to complete the release included in the Performance Information packet.