

BALLET ARIZONA'S
The Nutcracker

2024 Registration Form

Ballet Arizona Use Only

HEIGHT: _____ AUDITION #: _____

SBAZ: ___ ASA: ___ OPEN: ___ ADMIN: ___

PLEASE PRINT CLEARLY!!!

Years of Dance _____

DANCERS NAME: _____ DOB: _____ AGE: _____

FEMALE: _____ MALE: _____

PARENT OR GUARDIAN'S NAME: _____

CELL PHONE: _____ E-MAIL: _____

EMERGENCY 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