



2025 Desigtuation Form		Ballet Arizona Use Only			
2025 Registra	tion Form	HEIGHT: AUDITION #:			
			: OPEN:		
PLEASE PRINT CLEARLY!!!		Years of Dance			
DANCERS NAME:			DOB:	AGE:	
FEMALE: MAI					
PARENT OR GUARDIAN	'S NAME:			<del></del>	
CELL PHONE:	L PHONE: E-MAIL:				
EMERGENCY CONTACT	<b>:</b>				
1	PHONE:	REL	ATIONSHIP:		
2	PHONE:	REL	ATIONSHIP:		
Please indicate if you have a	sibling auditioning:				
	Auditio	on Injury Wa	iver		
I recognize the risk of injury is understanding that I am herel directly resulting from gross is	y waiving and releasing I	Ballet Arizona from and	against any and all c		
Signa	ture of parent or guardian		Date		