

BALLET ARIZONA'S

The Nutcracker

2026 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