BALLET ARIZONA'S

The Nutcracker

# 2026 Registration Form

**Ballet Arizona Use Only**

**HEIGHT: _____ AUDITION #: _____**

**SBAZ: ___ BTP: ___ ASA: ___ OPEN: ___**

## 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