

Nutcracker Audition Registration Form

Audition # _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

CELL PHONE: _____

E-mail Address: _____

Child's Name: _____

Child's Birth Date and Year: _____

Child's Grade Level: _____ Attending School at: _____

How did you hear? Please circle all that apply

School Flyer/Poster On Line Newspaper Friend Store Poster Other _____

Dance Training: None Yes If yes, are you dancing currently previously

Explain: _____ Where: _____

Parent or Guardian Signature :

_____ Date: _____

I have read and understand the participation rules and policies. I understand that all precautions are used during the class to prevent injuries. I assume the risk and I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit him or her from participation in this program. I hereby agree that I, for my self, my children, my heirs or executors, waive and release any and all rights and claims for damage that I may have at any time against Dance Theatre Of Corona or their agents and representatives for any injury or damage in connection with my child's entry in activities sponsored by Dance Theatre of Corona. I hereby affirm that I have read the policies and understand these policies by my signature.

For office use only				Account # _____
Bust	Waist	Hips	Girth	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Adult
<input type="checkbox"/> Definitely	<input type="checkbox"/> Maybe	<input type="checkbox"/> NO	Meeting: <input type="checkbox"/> Wed	<input type="checkbox"/> Parent <input type="checkbox"/> Other
<input type="checkbox"/> Need to contact parent	<input type="checkbox"/> Return dancer		<input type="checkbox"/> Fri	<input type="checkbox"/> Cost <input type="checkbox"/> Time