

Office Use Only Today's date: _____ Director's Notes: _____
Audition Number: _____
Payment: _____

**BALLET VIRGINIA INTERNATIONAL
AUDITION REGISTRATION FORM**

\$30 Audition Fee

(exact cash, check or credit card on file)

PLEASE PRINT CLEARLY

Dancer Name: _____

Ballet level if BVI student: _____ Age (as of audition date): _____ DOB: _____

Height: _____ feet _____ inches

Leotard size if female OR shirt size if male:

CHILD: XS SM MD LG

ADULT: XS SM MD LG Circle ONE Size Only

Parent/Guardian Name: _____

Address: _____

(Street, City, State and Zip Code)

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

I AM AUDITIONING FOR:

_____ COPPELIA

DANCE TRAINING (if not a BVI student):

Years of training: _____

Dance School(s) and Instructor(s): _____

ADDITIONAL INFORMATION

How did you hear about today's audition? _____

>> Please read and complete the below:

MEDICAL AND LIABILITY RELEASE

I understand that Ballet Virginia International will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by students or their families this shall include, but not be limited to any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by Ballet Virginia International including performances and outreach activities. In the event of an emergency, I hereby give authority to Ballet Virginia International's representatives to obtain necessary emergency medical treatment for myself or my child, to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for myself or my child as deemed necessary with the understanding that the family will be notified as soon as possible.

I understand that my insurance coverage for myself or my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Ballet Virginia International and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Ballet Virginia International, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

I understand that in the instruction of dance and in particular, ballet, physical manipulation of a student by the instructor may occur. This physical manipulation will occur only when assisting the student in the proper alignment and execution of dance steps. I hereby authorize the instructors to physically manipulate myself or my child in order to assist in the proper alignment and execution of dance steps.

Parent/Guardian Name Printed: _____ Today's Date: _____

Parent/Guardian Signature: _____