



Ballet Virginia Children's Chorus

AUDITION REGISTRATION FORM

Audition Date: Saturday, October 2 at Ballet Virginia, 700 West 21st Street in Norfolk

Auditions are open to all singers in grades 6-12. No prior experience is necessary. Singers are not responsible for preparing an audition selection. The only requirement is that all singers must have treble voices (sopranos and altos). Males with unchanged voices are also encouraged to audition.

Name: _____
Age as of today: _____ Birth Date: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Singing Experience (school, theater, church choir, private lessons, etc.) _____

Is the singer able to commit to the rehearsal and performance calendar? _____

Rehearsal Dates

October 16, 23

November 13, 20

December 4, 11

All rehearsals will be held at Ballet Virginia in Norfolk from 11 AM - 12:45 PM. Due to the limited number of rehearsals, selected singers will be expected to attend all rehearsals.

Address: 700 W 21st Street Norfolk, VA 23517

Run-through with Symphonicity - Date TBD

Please add your Sandler Center dress rehearsal date

Performance Dates

singers will be able to leave at intermission

December 17 (7:30 PM Show)

December 18 (2 PM and 7:30 PM show)

December 19 (2 PM show)

How did you hear about today's audition? _____

Medical & Liability Release:

I understand that Ballet Virginia (BV) 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 BV including performances and outreach activities. In the event of an emergency, I hereby give authority to BV'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 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.

I understand all reasonable safety precautions will be taken at all times by BV 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 BV, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

Photo/Video Release:

I hereby irrevocably grant and convey to BV all rights, titles and interests in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by BV. I further irrevocably grant to BV, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting online, for educational, promotional, advertising, or other purposes without limitation consistent with BV's mission. I agree that all intellectual property rights to the sound, still, or moving images belong to BV. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

This release is effective on the date this form is submitted and will remain in effect indefinitely.

COVID-19 Informed Consent:

COVID-19 is an infectious virus. While we have taken reasonable steps to limit the potential for transmission of COVID-19 in our studio, you agree that you understand transmission of COVID-19 is still possible.

Description of activities/reliance on State recommendations. You understand that person-to-person contact may increase the chance of COVID-19 transmission. It may be necessary that you quarantine and/or take other steps in the event it is determined that you may have been exposed to COVID-19. You further understand that recommendations and guidelines regarding COVID-19 are subject to modification.

By signing below, you acknowledge that you have been given the opportunity to ask questions and all your questions have been answered. You also agree to assume the risks associated with your child's rehearsals during the COVID-19 outbreak and you agree to indemnify and hold BV and its employees, independent contractors and principals harmless from and against any and all claims, causes of action and damages, and costs, including court costs and reasonable attorney's fees, arising out of any infection and/or illness caused by your potential exposure to COVID-19 during your presence and class instruction at BV.

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

Parent/Guardian Signature: _____