FLORIDA WEST BALLET REGISTRATION & RELEASE FORM

Check $$ off For Consideration:			
	pany Member only (MU)		
Date:	Performance Company Member AND Technique Training Technique Training Only		
Please Print:		rechnique 11a	
			Age:
Dancers Name: Nickname: Birt	hday (important-please prov	– ide at least month and	d year)
Academic School:	<i>J</i> \ 1		Grade
Home Address:			
City	State	Zip	
Dancer's Email:			
Dancer's Cell Phone:			
Dancer's T-Shirt Size, Circle One: Ye			I L XL
Dancer's Leotard Size, Circle One: Ye	outh S M L XL	Adult S M	I L XL
Danier Al-Communication (1)			
Parent/Guardian Information (pleas			
Parent's Names:			
*PARENT'S EMAIL for weekly com			
Home Phone:			
Dan aan Da alvanaan da	Father's Cell P	none:	
Dancer Background:			
Dance Studio where currently training			
Days/Times you Train:			
Months/Years on Pointe:			
Why do you desire membership in Flo	nda west Ballet?		
How long have you studied ballet?			
How did you learn of the audition?			
now are you rearn or the audition:			
The undersigned, or parent/guardian if Members and Staff, the City of St. Pe occupied by FWB harmless from any property/dance studio being occupied It is understood that the above-n responsible/liable for the loss of any event/audition/master class/training/levent/audition/master class/training/levent/audition/audition/audition/audition/audition/audition/audition/audition/audition/audition/audition/audition/a	tersburg, FL, and Indi by bodily injuries susta by Florida West Balle amed institutions ar personal articles duri	vidual Owners/ nined while on et whether temp nd individuals	Entities of premises the premises of the premises of the porary or permanent will not be held
Signature of Participant		_	Date
Signature of Parent or Guardian (if M Receipt of Registration fee in the amount of S	,	ed.	Date
FWB Representative:		CASH	Check #