

**FLORIDA WEST BALLET
REGISTRATION & RELEASE FORM/SUMMER INTENSIVE 2019**

Check off For Participation: June: 24-27 July: 8-11 July: 15-18 July: 22-25

Please Print:

Dancers Name: _____ **Age:** _____

Nickname: _____ **Birthday** (*important-please provide at least month and year*) _____

Academic School: _____ **Grade** _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Dancer's Email: _____

Dancer's Cell Phone: _____

Dancer's T-Shirt Size, Circle One: Youth S M L XL Adult S M L XL

Dancer's Leotard Size, Circle One: Youth S M L XL Adult S M L XL

Parent/Guardian Information (*please print clearly*):

Parent's Names: _____

Home Phone: _____ **Mother's Cell Phone:** _____

Father's Cell Phone: _____

Parent's Email for weekly communication: _____

Dancer Background:

Dance Studio where currently training: _____

Days/Times you Train: _____

Months/Years on Pointe: _____

Why do you desire membership in Florida West Ballet? _____

How long have you studied ballet? _____

How did you learn of the audition? _____

The undersigned, or parent/guardian if under 18, hereby holds Florida West Ballet and It's Board Members and Staff, the City of St. Petersburg, FL, and Individual Owners/Entities of premises occupied by FWB harmless from any bodily injuries sustained while on the premises of the property/dance studio being occupied by Florida West Ballet whether temporary or permanent. It is understood that the above named institutions and individuals will not be held responsible/liable for the loss of any personal articles during the participation in this special event/audition/master class/training/level placement.

Signature of Participant

Date

Signature of Parent or Guardian (*if Minor Child*)

Date

Registration fee in the amount of \$35 applies to dancers new to FWBallet and is hereby acknowledged.

Current Florida West Ballet Dance Student **Yes** _____

No _____

FWB Representative: _____ **CASH** _____ **Check #** _____