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**2018-2019 6<sup>th</sup> Grade Audition Registration**

Student's Name \_\_\_\_\_  
FIRST LAST MIDDLE

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

5<sup>th</sup> Grade Teacher's Name \_\_\_\_\_

Last School Attended \_\_\_\_\_

Current Dance School \_\_\_\_\_ Years of Formal Ballet Training \_\_\_\_\_

*\*Please include a 4x6 photo of your child with your registration.*

**PARENT INFORMATION**

Name(s) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that our child is auditioning for a FULL time public school position. I hereby hold harmless and covenant not to prosecute Northwest Florida Ballet, the NFB Académie, or the instructors in the case of injury suffered by my family members or me while on the premises.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note on the back of this any special needs your child has, and any questions or concerns you have about the program that is not covered in our brochure. We will provide more general information at the tryout, and will try to respond directly to you on individual concerns.

*By my signature below, I hereby grant Northwest Florida Ballet to use videotapes and other technology to evaluate my child during the NFB Académie audition process.*

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form and photo to our office via mail, email, or fax by April 26<sup>th</sup> at 7:00 pm.**