

**FLORIDA WEST BALLET
AUDITION REGISTRATION AND RELEASE FORM**

ASSIGNED NUMBER _____

Please Print

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthday _____ Age _____

Parent's Name _____

Parent's Email _____

Dancer's Email Address _____

School _____

Dance Studio currently training at: _____

Current Instructors: _____

Why do you desire membership in Florida West Ballet? _____

How did you learn of the audition? _____

How long have you studied ballet? _____

The undersigned parent or guardian hereby holds Judy Johnson's School of Dance and Florida West Ballet, Inc. harmless from any bodily injuries sustained while on the premises of Mirror Lake or Judy Johnson's. It is understood that the above named institutions will not be held responsible for the loss of any personal articles during the participation in this special event/audition.

Name of Participant _____ Date _____

Parent or Guardian _____ Date _____

Florida West Ballet Representative _____ Date _____

Receipt of audition fee in the amount of \$20 is hereby acknowledged. CASH__ Check #