

-Neglia Ballet Artists -
Nutcracker Auditions 2017

Child's Name: _____

Legal Guardian Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Email: _____ Telephone: _____

Child's Age _____ Height _____ Shoe Size _____ Grade in School _____

List Prior Dance Experience & Training Below (use other side if necessary)

Anything else you would like us to know? _____

By signing below, I agree, on behalf of the child listed above, that I am their legal guardian and as legal guardian, I give permission for them to, and accept full the responsibility for their/our time here at this audition. Furthermore, I give consent for their and my likeness to be used in any video, photograph or other media with regard the Nutcracker or Neglia Ballet Artists presentation without monetary or other compensation whatsoever, now or in the future whether or not they are in the production or not.

Signature of Legal Guardian: _____ Date _____

Print Name of Legal Guardian _____ Relationship to Child _____

DO NOT write in this space.