



**International Ballet Academy of Norwell**

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**International Ballet Academy of Norwell  
Nutcracker 2018 Registration Form**

**Student Information**

Name of Student: \_\_\_\_\_ Audition # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic School: \_\_\_\_\_

Previous Dance Training: \_\_\_\_\_

**Parent/Guardian One**

Name of Parent/Guardian: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if different from student's) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Secondary Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian Two**

Name of Parent/Guardian \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if different from student) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work/Secondary Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**\$25 audition fee is due on the day of audition.**

**The participation/Costume usage fee for the Nutcracker is \$185 (cash or check to IBA Norwell accepted) due by September 22nd.**

**Waiver of liability/ Medical/Media Release/Agreement**

I am aware that dance training places unusual stress on the body. On behalf of my child and myself, I assume the risk and agree that the International Ballet Academy of Norwell, Board of Directors, Faculty, and any of the chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the academy or any of its related functions. My child has permission to be treated for emergency medical care.

Medical Insurance and number: \_\_\_\_\_  
\_\_\_\_\_

Please share any information that will help us provide a safe and positive experience for your child while at IBA Norwell such as allergies, special medical conditions, or learning disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for photographs or television footage that include my child to be used for promotional purposes on television, newspapers, magazines, brochures, billboards or any other form of advertising.

I understand that IBA Norwell can cancel or change rehearsals/performances and reserves the right to change teachers and staff.

I understand and agree that there are no refunds for any reasons.

Rehearsals will take place on Saturdays and/or Sundays. Exact times TBA after casting is determined.

Please list dates that you know your child will not be able to attend rehearsal. \_\_\_\_\_.

Each child is only allowed 2 absences. You will be notified of role via email 1 week after audition.

Acceptance and full participation fee is due by September 22, 2018 cash or check payable to IBA Norwell.

**Dress Rehearsals:** TBA

**Performances:** December 1 – 23, 2018

**My employer matches charitable donations, please contact me for details.**

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Student signature \_\_\_\_\_