



International Ballet Academy of Norwell

34 Accord Park Drive
Norwell, MA 02061
Tel: 339-788-9670
academy@ibanorwell.org
www.ibanorwell.org

**International Ballet Academy of Norwell
Nutcracker 2019 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, 2019 cash or check payable to IBA Norwell.

Dress Rehearsals: TBA

Performances: *The performance dates of the 2019 Nutcracker have not been set. Performances will take place on the first two weekends in December.*

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

Parent/Guardian signature _____ Date: _____

Student signature _____