



## Young Choreographers Showcase 2018 Choreographer Registration Form

Please fill out **one form per child** if you have more than one child participating. **This form must be turned in with payment (\$50) by Saturday, April 21<sup>st</sup> for your child to participate in the program.**

Choreographer's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s) Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

*\* Email will be used to provide Springfield Ballet updates including rehearsal schedules, costume fittings, etc. We will NOT give or sell email addresses to outside organizations.*

**Permission:** I, the undersigned parent or guardian, give permission for the above-named dancer to fully participate in all workshops, rehearsals, and performances of Springfield Ballet's *Young Choreographers Showcase*. I can meet all commitments as listed on the Information Page and Requirements. I will have my child at all assigned activities, warmed up and in makeup (when necessary), and ready at the designated call time. I have read, understand and agree to the policies of Springfield Ballet, Inc (SBI). I understand that if my child participates, I owe the entire choreographer fee and the choreographer fee is non-refundable. I agree to pay the late fees for late payments and the service charge for bad checks. I give permission for SBI to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold SBI, or any SBI faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a dancer at SBI. I exempt, release and indemnify SBI and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/ guardian, family member, or personal property which may arise out of or in connection with participation in any SBI activity.

**Choreographer's agreement:** I, the above-named dancer, understand and will comply with the Information Page and Requirements.

I will be at all assigned activities, warmed up and in makeup (when necessary), and ready to dance at my designated call time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (if student is under 18)

\_\_\_\_\_  
Date

<i>For office use only</i>			
Registration Fee _____	CC Fee _____	Total Amount Due _____	
Payment Method <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	