

The State Ballet of Rhode Island
 Artistic Director * Herci Marsden
 RI's First Established Classical Ballet Company in Residence
Coppelia Audition 2018



Fee \$25. *Make checks payable to The State Ballet RI.* Audition Number _____

Student's Name (PRINT CLEARLY) _____

Already on Brae Crest or SBRI email list

Email address **IF NEW:** _____ Email again _____

Print clearly Street Address: _____ **Town/St./Zip** _____



(Cell) _____ OTHER _____

*Do you wish to receive information for your student's school to attend the 10 am show? _____

*Do you wish to receive email notices about Brae Crest School? _____

*Do you wish to receive email notices about The State Ballet of Rhode Island? _____

*Would you like to put in a supporting **ad in SBRI's souvenir program book?** _____

Medical Information

Allergies/Injuries or other pertinent medical information: _____

===== **Limited Liability Release Letter** =====

I, the parent/guardian of _____, give my child my approval to participate with The State Ballet of Rhode Island. I understand and acknowledge that a risk of injury exists in rehearsals and performances. I assume these risks and incidental hazards. I hereby in agreement with Rhode Island General Law 7-6-9, release and indemnify agree to hold harmless The State Ballet of Rhode Island, its officers, directors, servants, employees, and volunteers connected with said organization.

I, also hereby grant permission to The State Ballet of Rhode Island supervisors to obtain emergency medical care from any licensed medical personnel for the child named herein at such time as either parent or legal guardian cannot be contacted.

Signed by Guardian if minor: _____ Relationship: _____

Date: _____ Student Age: _____ BCS Ballet Class Day & Time: _____

Other Dance School name: _____ or circle Brae Crest? _____

I am interested in my student's school attending Friday, Nov. 30 at 10:00 am

I am interested in a group rate for my students dance school for the evening and/or matinee performance