



The State Ballet of Rhode Island  
Artistic Director, Herci Marsden  
RI's First Established Classical Ballet Company in Residence

**Audition Form – Coppelia 2021**

Friday, Sept. 17, 5:30pm (youth) & 6:15pm (teen/adult)  
Saturday, Sept. 18, 12:15pm (youth) & 12:45pm (teen/adult)



***Performances with The State Ballet of Rhode Island***  
**Saturday, November 27, 2021 @1pm and 6pm**  
*Cast may vary between matinee & evening performances*

**Fee \$25.00** Make checks payable to **The State Ballet of RI** Audition Number \_\_\_\_\_

**Student's Name (PRINT CLEARLY)** \_\_\_\_\_

Student Age as of November 1, 2021: \_\_\_\_\_ Brae Crest Student? Yes or No \_\_\_\_\_

Already on Brae Crest or SBRI email list? Email address **IF NEW ONLY:** \_\_\_\_\_

Street Address [print clearly]: \_\_\_\_\_ Town/St./Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Add'l Phone #: \_\_\_\_\_

**In Case of Emergency: Medical Information**

Allergies/Injuries or other pertinent medical information: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

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 be interested in advertising in SBRI's souvenir program book? \_\_\_\_\_

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

I, the parent/guardian of \_\_\_\_\_, give my student 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 [including risks of exposure to Covid-19]. 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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_