

Audition for the ballet GISELLE only

On April 3rd and 4th, 2020 Artistic director Herci Marsden and The State Ballet of Rhode Island present "**Giselle**", the most famous romantic ballet of the 18th century. This timeless love story takes place at the historic Park Theatre in Cranston, RI. "**Giselle** tells the haunting tale of a young country maiden who is deceived by a nobleman in disguise which sends her delicate mind into madness and leads to her tragic death. This story of love, deception, betrayal and forgiveness has stood the test of time and remains one of the most technically demanding and emotional dramas of classical ballet."

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

FOR AGES 8 to 25 with at least 1 full year of ballet training WALK ON ROLES FOR ADULTS FOR HUNTING PARTY no experience necessary. Hunting Party paiges & young children parts available

Friday January 17, 5:30 to 6:30

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) _____

*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? _____

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, April 3 at 10:00 am*

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