Number	



Age Verification (ID) Photo Release Signed
For Internal Use

Bring Birth Certificate Completed Application Recent photo (non-returnable)

## 2022 SparKids Audition Registration/Waiver

Full Name:			Age: Date of		Birth:	
Cell Nu	ımber:	Email:				
Level of Dance? Beginn		Beginner	lnte	rmediate	ADV	
Emerg	ency Contact Informa	ition:				
Name:						
Relatio	onship:					
Phone	Number:					
Please	carefully read the fo	ollowing:				
I/We,		, do hereby ack	nowledge that I	am/we are the paren	ıt(s)/legal	
		, a minor, as				
1.	•	e have actual knowledge, and connicted to injury		tion of the dangers in	volved in athletic	
2.		the participation of (dancer's nan		, in	the SparKids	
	Dance Team Audition	and, upon hiring, participation du	iring the 2022 se	eason.		
3.	Certify that my/our child has been examined by a physician and is found to be in good health and able to participate in all activities without restriction.					
4.	Authorize representatives or agents of the LA Sparks to obtain or consent to necessary treatment or medical care in the event of a medical emergency or trauma occurring to my/our child.					
5.	videotapes, recordings in connection with my/ indefinite period of time	o make, reproduce, broadcast, so s, and other depictions or images our child's participation in the LA e, with the right herein guarantee to use media from the LA Spark	in whatever form Sparks Dance Ted accruing to pe	m or media of me/us a	and/or my/our child sation and for an	
6.	. Release, waive, and discharge and promise not to sue the LA Sparks, any/all practice facilities, as well as the Crypto.com Arena and other performance venues.					
				ls contract		
7.	Agree to abide by the	guidelines and policies spelled o	ut in the Sparkid	is contract.		