



IBS Presents DANCE PRODIGY 2012 ▪ The Global Virtual Dance Competition

SOLO Registration Form

Please, FAX the Registration Form to one of the FAX numbers
 TOKYO: +81-3-4496-4764 ▪ NEW YORK: +1-212-504-3246 ▪ VIENNA: +43-1-253-03330017
 BALLET PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 USA
 E-mail: admin@ibsbp.org ▪ Website: www.ibsbp.org ▪ Telephone: +1-212-504-3246 ▪ Fax: +1-212-504-3246

Dancer: First Name		Middle Name		Last Name	
Date of Birth:	Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Dance School Name					
Director: First Name		Middle Name		Last Name	
Dance Teacher			Dance Coach		
Dance School Contact Information:					
Address					
City			State/Region		
Zip/Postal Code			Country		
Telephone		Fax		Mobile	
E-mail			Website		
Dancer Contact Information					
Address					
City			State/Region		
Zip/Postal Code			Country		
Telephone		Fax		Mobile	
E-mail					
Dance Entry Information					
Dance Solo Title:					
Dance Solo Style:					
Choreography by			Staged by		
PARTICIPATION FEE: USD \$150 — ALL INCLUSIVE — Includes All Communication, Processing and Participation Costs. Non-Refundable.					
* Payment Method — International — Bank Wire Transfer — Bank Wire Transfer Information:					
Swift Code: WFBIUS68 Bank Name: Wells Fargo Bank Account: ABA #: 031201467 Account #: 2000059162476					
Bank Account Holder: International Ballet Society Bank Account Address: 590 Madison Avenue, 21st Floor, New York, NY 10022 USA					
Bank Branch Address: 420 Montgomery Street, San Francisco, CA 94104 For: Registration					
* Payment Method — USA Only — Check, on USA Bank, or Money Order: Payable to: International Ballet Society 					
Mail to: DANCE PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 Telephone: +1-212-504-3246					
Please, FAX a signed copy of the attached Release Agreement with the Registration Form.					
Signature: Dance School Director or Parent/Guardian					Date
For Office Use Only		Date Received		Note	



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Release Agreement

I, parent or guardian of _____, who is _____ years old (the "Contestant"), authorize International Ballet Society ("IBS Presents"), a non-profit USA organization, the presenter of the DANCE PRODIGY The Global Virtual Dance Competition, to use written materials bearing the name, audio recordings of, and/or audio/visual recordings of the Contestant (collectively, the "Works") in connection with the IBS Presents DANCE PRODIGY The Global Virtual Dance Competition (the "Competition"), and to use such Works in any media (through exhibition, distribution, reproduction, publication, advertising, promotion, or otherwise), whether now know or hereafter developed, which may include the Contestant's name, signature, likeness, image, voice, and/or performances (collectively the "Materials").

IBS Presents may edit such Works as it desires and may use the Works or excerpts therefrom in any way. IBS Presents may use the Works and the Materials to promote and utilize the Works and for related purposes of advertising or trade. On behalf of the Contestant, I hereby waive all rights under privacy, publicity, defamation, and proprietary right relating to the recordings. IBS Presents may transfer or license any of it's rights hereunder.

This is a non-exclusive, perpetual and irrevocable license.

I acknowledge that the Contestant is competing to receive cash and other prizes in the Competition. I will not hold IBS Presents liable for the breach of any agreement previously made or herein made as a result of the Contestant's participation in the Competition or related events.

I represent that I am the legal guardian and/or parent of the Contestant and that I have the right, power and authority to enter into this Release Agreement, on behalf of the Contestant, I release, indemnify, and hold IBS Presents, its licensees, successors, and assignees harmless against all claims, liabilities, and expenses arising out of the breach of any of my representation or promises. I have read and understand the terms and conditions of this Release Agreement.

Name of Parent/Guardian (please, print): _____

Signature of Parent/Guardian: _____ Date _____



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ENSEMBLE Registration Form

Please, FAX the Registration Form to one of the FAX numbers

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BALLET PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 USA

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Please, use the ENSEMBLE Registration Form for DUO ▪ TRIO ▪ ENSEMBLE 1 (4 to 9 Dancers) ▪ ENSEMBLE 2 (10 + Dancers of any size Ensemble)

Please, duplicate these pages for the data of additional number of Dancers of the Ensemble.

DUO <input type="checkbox"/>	TRIO <input type="checkbox"/>	ENSEMBLE 1 <input type="checkbox"/>	ENSEMBLE 2 <input type="checkbox"/>	Total Number of Dancers:	Form Page Number:	
Dance School Name						
Director: First Name		Middle Name	Last Name			
Address						
City			State/Region			
Zip/Postal Code			Country			
Telephone		Fax	Mobile			
E-mail			Website			
Dance Entry Title						
Dance Style				Time Length		
Choreography by			Staged by			
Dance Teacher			Dance Coach			
1. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
2. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
3. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
4. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
5. Dancer: First Name						
Date of Birth:		Day	Month	Year	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Middle Name		Last Name				
PARTICIPATION FEE — ALL INCLUSIVE — Includes All Communication, Processing and Participation Costs. Non-Refundable.						
DUO / TRIO: USD \$100 per dancer		ENSEMBLE 1: USD \$75 per dancer		ENSEMBLE 2: USD \$50 per dancer		
* Payment Method — International — Bank Wire Transfer — Bank Wire Transfer Information:						
Swift Code: WFBIUS68 Bank Name: Wells Fargo Bank Account: ABA #: 031201467 Account #: 2000059162476						
Bank Account Holder: International Ballet Society Bank Account Address: 590 Madison Avenue, 21st Floor, New York, NY 10022 USA						
Bank Branch Address: 420 Montgomery Street, San Francisco, CA 94104 For: Registration						
* Payment Method — USA Only — Check, on USA Bank, or Money Order: Payable to: International Ballet Society						
Mail to: DANCE PRODIGY, 590 Madison Avenue, 21st Floor, New York, NY 10022 Telephone: +1-212-504-3246						
Please, FAX a signed copy of the attached Release Agreement with the Registration Form.						
Signature: Dance School Director or Parent/Guardian					Date	
For Office Use Only			Date Received	Note		



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ENSEMBLE Registration — Dancer Information Form

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Dance School Name

Form Page Number:

1. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
2. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
3. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
4. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
5. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
6. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
7. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
8. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
9. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age
10. Dancer: First Name	Middle Name	Last Name
Address		City
State/Region	Zip/Postal Code	Country
E-mail	Telephone	Age

For Office Use Only

Date Received

Note



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Release Agreement

>> Each Dancer in the ENSEMBLE must fill out and sign a separate RELEASE AGREEMENT <<

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I represent that I am the legal guardian and/or parent of the Contestant and that I have the right, power and authority to enter into this Release Agreement, on behalf of the Contestant, I release, indemnify, and hold IBS Presents, its licensees, successors, and assignees harmless against all claims, liabilities, and expenses arising out of the breach of any of my representation or promises. I have read and understand the terms and conditions of this Release Agreement.

Name of Parent/Guardian (please, print): _____

Signature of Parent/Guardian: _____ Date _____