



Summer 2024 Audition Form

Student Name: _____ **Date of Birth:** _____
(First) (Middle) (Last)

Parent/Guardian contact: _____
(Name) (Relation to dancer)

Address: _____
(Street) (City) (State) (Zip Code)

(Home/mobile phone number) (Work phone number) (Email Address)

Current Dance School (if applicable): _____

Number of classes per week: _____ **Length of each class:** _____ **Years dancing en pointe:** _____

Health History (including any allergies, medications and pre-existing conditions): _____

Release of Liability: By submitting this form I understand that Dancing Arts Center, its teachers, directors, pianists, and agents are not liable for personal injuries or loss or damage to personal property. Since dance is a physical activity, injuries may occur. Each student may decline to participate in any activity that may be harmful and is responsible for informing the instructor of any physical limitations that may prevent full participation in class or related activities. I hereby release and hold harmless the Dancing Arts Center, its staff and volunteers from and against liability or claim for any injury, misadventure, harm, loss, cost, or damage sustained as a result of my/my child's participation in the Dancing Arts Center's classes and activities.

Parent or guardian signature: _____ **Date:** _____

Dancer's signature: _____ **Date:** _____
(If over 18 years of age)

Audition Fee: \$30

For Office Use

Payment method: _____
(include check #)

Date of Audition Class:

Level of Audition Class Taken:

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