

EVERGREEN CITY BALLET
SUMMER PROGRAM 2010
AUDITION REGISTRATION for 18 & Over
Audition Fee \$20 (non-refundable)
(Cash, Check, Visa and MasterCard debit or credit accepted)

Audition Date _____

STUDENT'S Name _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (Zip)

Phone _____ E-mail _____
(Home)

Birthdate _____ Age _____

How did you find out about our Summer Intensive Program audition? _____

What dance school do you attend? _____

How many years have you been dancing? _____

Are you en pointe? _____

Which Session (1st July 5-July 23, 2nd July 26-Aug 13 (subject to change) or both) would you plan to attend? _____

For Office Use Only _____ Audition # _____ Placement Decision _____

WAIVER OF LIABILITY

I, the undersigned, understand that dance requires physical exertion. It is my responsibility to consult with a physician before my participation in dance classes, productions, programs or workshops. I agree to assume full responsibility for any risks, injuries or damages that might occur as a result of my participating in activities sponsored by Evergreen City Ballet.

I agree not to hold Evergreen City Ballet, its Board of Directors, associations, any faculty, employee or volunteer liable for injuries sustained or illnesses contracted while an open student of Evergreen City Ballet.

I have read and accept this Waiver of Liability.

Date

Signature

Printed Name