



EVERGREEN CITY BALLET
SUMMER PROGRAM 2012

Audition Fee \$25 (non-refundable)
(Cash, Check, Visa and MasterCard debit or credit accepted)

Audition Date _____

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

Parents (if under 18) _____
(Father) (Mother) (Last Name)

Address _____
(Street) (City) (Zip)

Phone _____ E-mail (Parent's, if under 18) _____
(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 would you plan to attend? Session 1 - July 2 - July 20 _____
Session 2 - July 23 - Aug 10 _____ or both? _____

For Office Use Only _____ Audition # _____ Placement Decision _____

WAIVER OF LIABILITY

I/We, the undersigned parent(s) or legal custodian(s) of the student named on this Audition Registration form, understand that dance requires physical exertion. It is my/our responsibility to consult with a physician before his/her participation in dance classes, productions, programs or workshops. I/We agree to assume full responsibility for any risks, injuries or damages that might occur as a result of participating in activities sponsored by Evergreen City Ballet.

I/We 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 a student of Evergreen City Ballet.

I/We have read and accept this Waiver of Liability.

If only one parent or custodian signs this commitment, I hereby certify that I have sole legal custody or sole decision-making authority for decisions involving the student named.

Date Signature (Parent's or Custodian's, if under 18)