



TRIAL CLASS REGISTRATION

Date _____

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

Parent's _____
(Father) (Mother) (Last Name)

Address _____
(Street) (City) (Zip)

Home Phone: _____ **Cell phone:** _____ **Parent's E-mail:** _____

Student's Phone: _____ **Student's E-mail:** _____

Birthdate _____ **Age** _____

How did you find out about ECB? _____

What dance school do you attend? _____

How many years have you been dancing? _____

Are you en pointe? _____

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 of Parent or Custodian

Signature of Student (over 18)