



2021 SUMMER INTENSIVE AUDITION FORM

Audition Date _____

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

Parents or Guardians' Name (For students under 18 years of age only.)

(Mother's Full Name or Guardian #1's Full Name)

(Father's Full Name or Guardian #2's Full Name)

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

Phone (home): _____ Phone (cell): _____ Birth Date _____ Age _____

Email Address (Dancers will be notified of acceptance via email. Please print clearly and list additional email addresses separately.)

How did you find out about ECB? _____

What dance school do you attend? _____

How many years have you been dancing? _____ Are you en pointe? _____ If yes, for how long? _____

WAIVER OF LIABILITY

I have read, understand, and agree to the policies of Evergreen City Ballet (ECB). I understand that tuition payments for the Summer Intensive are non-refundable. I agree to pay the late fees for late tuition payments and the service charge for bad checks. I give permission for ECB to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fee to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold ECB, or any ECB faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student of ECB. I exempt, release and indemnify ECB and its agents from any and all liability claims, demands, or causes of action whatsoever from any damage, loss or injury to the student, parent/guardian, family member, or personal property which may arise out of or in connection with participation in any ECB activity.

Signature of Legal Guardian or Student if over 18

Date

FOR OFFICE USE ONLY

Audition #: _____

Notes: _____

Payment method: _____

Placement decision: _____

Audition instructor: _____