



# 2024 SUMMER INTENSIVE AUDITION FORM

Audition Date \_\_\_\_\_

STUDENT'S Name \_\_\_\_\_  
*(Last) (First) (M.I.)*

STUDENT'S Birth Date \_\_\_\_\_ STUDENT'S Age \_\_\_\_\_ STUDENT'S Pronouns \_\_\_\_\_

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): \_\_\_\_\_

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: \_\_\_\_\_