

ECB AUDITION FORM

			Audition Date
PRODUCTION or PROGRA	M Name		
STUDENT'S Name			
(Last)		(First)	(M.I.)
Parents or Guardians' Na	me (For students under 18 year	rs 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
WAIVER OF LIABILITY I have read, understand, and agree	a attend? a been dancing? be to the policies of Evergreen Cit	ry Ballet (ECB). I understand tha	If yes, for how long?
give permission for ECB to take a or me. I understand and agree tha activities, and that I will not hold illness contracted while I/my chil	nd publish photos and/or videos at there is a possibility of injury in ECB, or any ECB faculty member and am/is a student of ECB. I exem- ion whatsoever from any damag	s of my child/myself and to use s in participating in dance classes ; employee, board member or gr apt, release and indemnify ECB a e, loss or injury to the student, p	ats and the service charge for bad checks. I such photos/videos with no fee to my child, rehearsals, performances or related uest artist liable for any injury sustained of and its agents from any and all liability parent/guardian, family member, or
Signature of Legal Guardian or	Student if over 18	 Date	
	FOR O	FFICE USE ONLY	
Danis and an adla ad	Notes:		