



2023 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:	_____		_____