

**EVERGREEN CITY BALLET**  
**SUMMER PROGRAM 2010**  
**AUDITION REGISTRATION**  
**Audition Fee \$20 (non-refundable)**  
**(Cash, Check, Visa and MasterCard debit or credit accepted)**

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

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

Parent's \_\_\_\_\_  
(Father) (Mother) (Last Name)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Phone \_\_\_\_\_ Parent's E-mail \_\_\_\_\_  
(Home)

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

How did you find out about our Summer Intensive Program audition? \_\_\_\_\_

What dance school do you attend? \_\_\_\_\_

How many years have you been dancing? \_\_\_\_\_

Are you en pointe? \_\_\_\_\_

Which Session (1<sup>st</sup> July 5-July 23, 2<sup>nd</sup> July 26-Aug 13 (subject to change) or both) would you plan to attend? \_\_\_\_\_

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 Parent or Custodian*