



## SUMMER INTENSIVE PROGRAM – AUDITION FORM

Audition Fee \$25 (non-refundable, cash or check to ECB)

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

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

Parent's (Under 18 only) \_\_\_\_\_  
(Father) (Mother) (Last Name)

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

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Email (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/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

**For Office Use Only** \_\_\_\_\_ **Payment Method** \_\_\_\_\_ **Audition #** \_\_\_\_\_ **Placement Decision** \_\_\_\_\_