

APPRENTICE/CORPS/SUPPORT

PREVIOUS AUDITION Y/N



AGE:

GRADE IF STUDENT:

AUDITION #

AUDITION FORM

Dancer's Name _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone (_____) _____ **Dancer's Cell Phone** (_____) _____

Parent Cell Phone (_____) _____ **Parent Name** _____

Dancer's Email Address _____

Parent's Email Address _____

Emergency Contact:

Name _____ **Phone** _____

DANCER INFORMATION:

School/University _____

Year in school _____ **Dance Studio** _____

Current dance instruction per week:

Hours of Dance _____ **Ballet Hours** _____ **Pointe Hours** _____ **Days** _____ **Yrs. of Pointe** _____

List styles of dance in which you participate _____

List any Summer Intensive dance program in which you participated/How many Weeks?

List scholastic sports and extra-curricular activities in which you plan to participate in 2021/22:

Do You: Have Pas de deux experience? Yes No **Participate in spring dance competitions?** Yes No

PLEASE CONTINUE ON THE BACK

AUDITION FORM CONTINUED



RELEASE OF ACCIDENT CLAIMS 2023/24 SEASON

The undersigned Participant and the Participant's parent or legal guardian represent that they are fully aware and apprised that there are risks and physical demands inherent to the physical activities involved in dance, tumbling, dance performance and dance/tumbling training. Participant and Guardian further represent that Participant is physically fit and has sufficiently trained for participation in dance activities.

Participant and Guardian hereby release, indemnify and hold harmless Oil Region Ballet Company, the Oil Region Ballet Company Board of Directors, each of their instructors, and agents for any and all claims arising from or incident to any injury or damages related in any way to dance activities or the operation of the Oil Region Ballet Company.

In the event of any emergency, Participant and Guardian authorize the Oil Region Ballet Company officials or instructors to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for Participant's immediate care.

Participant and Guardian acknowledge that Oil Region Ballet Company DOES NOT provide insurance for injuries suffered in connection with dance or tumbling activities and that it is the responsibility of the Participant and Guardian to obtain adequate insurance coverage to cover the Participant's risk of injury.

Release on (Date)_____

Signed _____ **(Signature of Releasor)**

(Please Print Name) _____

Participant must be 18 years of age to sign, otherwise signature of parent/guardian is required.

Thank You!