

A&A
BALLET

AUDITION FORM

Student First Name _____ Student Last Name _____

Address _____ City _____ State _____ Zip/Postal Code _____ Country _____

Phone Number (###) ###-#### _____ Email Address _____

Dancer's Age/ Birth Date _____ Current Ballet School _____

How many ballet & pointe classes do you take per week? _____

How many years have you been on pointe? _____

Are you interested in our year round program? Yes No

If yes, would you prefer evening classes or a conservatory program in the morning/afternoon? _____

Parent/ Guardian First Name _____ Last Name _____

Emergency Contact Number _____ \$30 placement audition fee _____

Waiver and release: *Tuition and registration fee is non-refundable. By signing below, I agree to accept liability for any and all applicable fees, arbitration filing fees and/or attorneys and court fees. I will not hold A&A Ballet or any staff members liable or responsible for any injury, illness, or mishap, and assume all liability, or other claims arising from or in any way connected with my participation in this program. I acknowledge that I am solely responsible for any such occurrence during this program. My signature is binding to this liability waiver from this day forth.*

Student or Parent/ Guardian Signature (if under 18)

Date

Staff Use Only