



BALLET MIDWEST AUDITION FORM

DANCER INFORMATION (Please Print)

Name _____ Audition # _____

Date of Birth _____ Age _____ Gender _____ Female Leotard size _____

Address _____ City _____ Zip _____

Home Phone _____ Dancer Cell Phone _____

Dancer Email _____

Academic School (if applicable) _____ Grade _____

Years of Training:

Ballet _____ Jazz _____ Pointe _____ Tap _____ Modern _____

Other (please specify) _____

PARENT CONTACT INFORMATION

Parent/Guardian Name _____ Cell phone _____

Primary e-mail _____

Parent/Guardian Name _____ Cell phone _____

Primary e-mail _____

Additional Information _____

For Internal Use Only:

Height _____ Application/Audition Fee Paid _____ Conflict Form Received _____

RELEASE

IN CONSIDERATION OF ALLOWING THE above named dancer to audition for membership in the company, I, the undersigned, for Myself, my Executors, Administrators and Assigns, agree to forever release and discharge BALLET MIDWEST, INC., its officers and directors, from any and all liabilities and claims for damages that might arise from said audition and from subsequent practices and performances. I hereby release the rights and usage of images or video of my daughter/son/self to be used solely by BALLET MIDWEST, INC. for historical or promotional reasons.

Dancer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent or Guardian must sign for dancers under 18