



louisville ballet

Audition Number: _____

2019 Summer Intensive Audition Registration Form

Please submit a complete registration form for each student. Print all information clearly. Audition fees are non-refundable. Attach a current headshot and photo in *first arabesque*.

Audition City _____ Date ____ / ____ / ____

Student Name _____ Gender _____ Date of Birth ____ / ____ / ____ Age as of Audition _____

Parent/Guardian Name(s) _____ Parent Email Address _____ Student Email Address _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Student Cell Phone _____

Emergency Contact Name _____ Phone _____ Relation to Student _____

Training

Current dance school _____ Classes/hours per week _____

How long have you been dancing at current school? _____ Number of years en pointe _____

Most recent summer program attended _____

Housing

Please select all that apply.

- I will not need housing.
- I will need housing.
- My parent/guardian is interested in being a chaperone.
- I am interested in being a Resident Assistant.

Selection of chaperones is subject to evaluation and background check.

How did you hear about our program?

- Pointe Magazine
- Dance Magazine
- Postcard Mailing
- Louisville Ballet Website
- Email
- Referral — School/Friend
- Other: (Please specify) _____

Medical Release

I am aware that ballet dancing and the gymnastic exercise associated with it places unusual stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that the Kentucky Dance Council Inc., d/b/a Louisville Ballet, and its Board of Directors, faculty, chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the Kentucky Dance Council Inc., Louisville Ballet activity or any of its related functions. Permission is granted for emergency medical treatment for my child / me.

Please list all relevant medical conditions that might affect your audition today.

I acknowledge that I have read, understand, and agree to comply with all above releases and all applicable policies and procedures of Louisville Ballet.

Parent/Guardian Signature _____ Date Signed ____ / ____ / ____

Payment

Registration forms must be accompanied by an audition fee of \$30 for online pre-registration or \$40 for day of audition or video audition.

LIVE AUDITION: \$40 day of, cash only **VIDEO AUDITION: \$40, credit card only**

CC# _____ Exp Date _____ CVV _____

CC Signature _____ Billing Zip Code _____