Please fill out separate forms for ballet and jazz. Submit form(s) with a head shot.

## Danscompany of Gainesville

Director: Nina Cameron

## 2013 Audition

| Office use only: |        |      |  |
|------------------|--------|------|--|
| Circle one       | Ballet | Jazz |  |
| Audition Number  |        |      |  |
|                  |        |      |  |

Registration Fee: \$20 for one Section and \$35 for both Ballet and Jazz

| Student Name:   | Date of Birt  | h/   |
|---|---|--|
| School Grade You Are Entering   | _ School  |  |
| Primary Email:  | Primary Phone:  |  |
| Parent/Guardian Names:  |   |  |
| Address:  | City  | Zip  |
| Years of Training: Age at the time of   | of audition: Year(s) on Pointe  |  |
| Present Dance Studio Name, Classes taking   | /Instructors (if not in company already):   |  |
| Current Company Ballet Level:   |   |  |
| Emergency Contact Information:  |   |  |
| Name:   | Relationship to student _   |  |
| Primary Phone   | Secondary Phone   |  |
| I understand that the Danscompany of Gair<br>my/my child's commitment to be present at<br>company. By signing below I am acknowle<br>participate.   | t rehearsals, run-throughs, and performa  | nces if they are accepted into the   |
| I am aware that dancing, and the exercises associaniury. On behalf of my child and myself (and if Danscompany of Gainesville shall not be liable in Audition or any of its related functions.  I grant my child, or ward, permission to participate Danscompany of Gainesville, its agents, employed against the Danscompany of Gainesville, its succeptivities, or any activities related thereto. | I am no longer a minor, on by own behalf), I<br>n any way for injuries sustained during attendate in the Danscompany of Gainesville auditions, undersigned's heirs, executors, administration | assume the risk and agree that the ance at the Danscompany of Gainesville on. I hereby release and discharge the ators or assigns may have, or claim to have |
| I, the undersigned, have read this release/author<br>ts significance.   | ization and understand all of its terms. I exec   | ute it voluntarily and with full knowledge of  |
| Student's Signature   | Date  |  |
| Parent/Guardian Signature   | Date _  |  |
| Office Use Only Date submitt  | ted Current with  | Dancenter y/n  |
| Dal   | Dellet  |  |