

Danscompany of Gainesville

Director: *Jeri-Lynn Rapczak*

2024-2025 Audition

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

Office use only:

Circle one **Ballet** **Jazz**

Audition Number _____

Student Name _____ Date of Birth ____/____/____

School Grade You Are Entering _____ School _____

Primary Email: _____ Primary Phone: _____

Parent/Guardian Names: _____

Address: _____ City _____ Zip _____

Years of Training: _____ Age at the time of audition: _____ Year(s) on Pointe _____

Present Dance Studio Name, Classes taking/Instructors (if not in company already): _____

Current Company Ballet Level: _____ Jazz Level: _____

Please indicate how long you have been at the current company level: _____

Please check here if 18+ and interested in EnCorps _____

Emergency Contact Information:

Name: _____ Relationship to student: _____

Primary Phone: _____ Secondary Phone: _____

I understand that the Danscompany of Gainesville has numerous public appearances and performances that will require my/my child's commitment to be present at rehearsals, run-throughs, and performances if they are accepted into the company. By signing below I am acknowledging that I understand the commitment required for me/my child to be able to participate.

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that the Danscompany of Gainesville shall not be liable in any way for injuries sustained during attendance at the Danscompany of Gainesville Audition or any of its related functions.

I grant my child, or ward, permission to participate in the Danscompany of Gainesville audition. I hereby release and discharge the Danscompany of Gainesville, its agents, employees, undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Danscompany of Gainesville, its successors, or assigns, for all person injuries caused by, or arising from, the above described activities, or any activities related thereto.

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Office Use Only: Date submitted _____

Current with Dancer y / n

Pd. _____ Ballet _____ Jazz _____