



St. Augustine Ballet Audition Form

Dancer's Name: _____

Parent (Guardian) Name: _____

Guardian #1 Phone: _____ Guardian #2 Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Student's Dance School: _____ Student Academic School: _____

Years of Training: Ballet: _____ Tap _____ Gymnastics: _____

List any allergies, physical disorders, injuries (weak ankles, knees, hyperactivity, etc...)

Waiver Release and Acknowledgments:

By checking the boxes below, you agree to the following:

I have read and accept the Policies & Procedures of SAB, which includes Social Media-photo/video policy, and Code of Conduct policy.

I have paid the \$25 Audition/Registration Fee by: Cash DanceStudioPro Acct Check # _____

I agree to pay the \$175 performance fee (if casted). If casted, what plan would you like:

I agree to have SAB deduct \$175 on September 15th from my DanceStudio Pro Account.

I agree to have SAB deduct \$87.50 on September 15th & \$87.50 on Oct 15th from my DanceStudio Pro account.

I release my photo to audition

I am committed to attending ALL rehearsals (Rehearsal attendance is mandatory) unless you have an excused absence from the director or due to illness/injury as specified in our policies & procedures.

Dancer Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

Please return this completed form as a pdf and email it back to info@saintaugustineballet.com by August 11th (use "Nutcracker Audition Form" for the subject line)