



## 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...)

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### 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 # \_\_\_\_\_

If casted I agree to pay the \$200 performance fee (additional family casted performance fee is \$87.50 per person). This fee includes all rehearsals, costume rental, performance video and tee shirt.

If casted, what payment plan would you like:

I agree to have SAB deduct \$200 on Feb. 15<sup>th</sup> from my DanceStudio Pro Account.

I agree to have SAB deduct \$100 on Feb. 15<sup>th</sup> & \$100 on Mar. 15<sup>th</sup> from my DanceStudio Pro account.

I \_\_\_\_\_ a \_\_\_\_\_ 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 bring this completed form to the audition on Jan. 7th, 2023.**