



**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: \_\_\_\_\_

T Shirt size: \_\_\_\_\_ (youth/adult)

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. (3 hours of Volunteer hours are required)

I have paid the \$25 Audition Registration Fee by:  Cash  DSP 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 September 15th from my DanceStudio Pro Account(DSP).

I agree to have SAB deduct \$100 on September 15th & \$100 on Oct. 15th from my DanceStudio Pro account.

I will bring a 4x6 photo to the 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:** \_\_\_\_\_