



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 \$150 performance fee (additional family casted performance fee is \$87.50 per person). This fee includes all rehearsals and costume rental.

If casted, what payment plan would you like:

I agree to have SAB deduct \$150 on August 15th from my DanceStudio Pro Account(DSP).

I agree to have SAB deduct \$75 on August 15th & \$75 on September 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:** _____