

Spokane Youth Ballet Audition Form

Please present this **signed** form at your audition. Auditions and rehearsals take place at the Academy of Dance, 14214 E Sprague Ave near Evergreen.

Dancer's Name: _____ Age: _____

Briefly list your dance experience: _____

Current dance studio: _____

Parent/Guardian Names: _____

Best contact number: _____

Parent email: _____

Student email and/or phone, if applicable: _____

Person responsible for taking dancer to rehearsal, if cast, and phone number (if different from above: _____

Have you performed with SYB before? (circle one) Yes No

If this is your first time auditioning, how did you hear about SYB? _____

Please read the following statements and sign below:

- We understand that the performance for which I am auditioning is tentatively scheduled for January 14, with dress rehearsal on January 13. If cast, the dancer will commit to being completely available on these two dates. Our backup performance day is January 21 with dress rehearsal January 20.
- We understand that rehearsals will typically be one hour long and will take place on Saturdays between 1-5 pm. If cast, we will do our best to inform the Artistic Director of dancer's availability in advance and to be present at all rehearsal dates for which the dancer is scheduled.
- We understand that additional rehearsals will be scheduled during the two weeks prior to the performance and if cast, will make every effort to be at all rehearsals for which the dancer is scheduled.
- We understand that if cast, repeated absences from rehearsal may result in forfeiture of the role.
- We have read, understand and agree to abide by the policies of SYB. SYB has my permission to use photos of my child for display, advertisement, or promotional material without compensation. I understand there are risks involved in dance training and I release SYB, the Academy of Dance, its owners, directors, faculty, and independent contractors from any liability due to accident or injury on the premises or at any SYB-related activities. I give my permission to seek emergency treatment for my child if it appears necessary and SYB is unable to contact me.

(Parent/Guardian Signature)

Dancer's signature (if over 18)