



Summer Concert 2024 Audition Form

Saturday, January 6, 2:00-2:45 pm (ages 14+) and 3:00-3:45 pm (ages 10-13)

Dancer's Name

Age

Parent/Guardian Name(s)

Rehearsal schedule and other important information will be sent via email. Please list email address(es) that you actively check so you do not miss out on important updates.

Parent/Guardian Best Contact Email

Parent/Guardian Best Contact Phone

Dancer Email, if applicable

Dancer Phone, if applicable

Parent/Guardian Additional Email, if applicable

Parent/Guardian Additional Phone

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

Current dance studio:

Please list **all schedule conflicts** below. Rehearsals will be held on Saturdays from 2:00-5:00 starting January 13. You may not be called in to rehearse every Saturday or for the full 3 hours, and we will try to schedule around your conflicts. **Expect to be scheduled to rehearse every Saturday that you do not list as having a conflict;** if there is a day you may not be able to rehearse, write it down as a conflict! It is very difficult to conduct rehearsals with missing dancers, especially when we don't know in advance they will be absent.

Parent(s)/Guardian(s): Our concerts are run almost entirely by volunteers. In order to ensure that the bulk of the work does not fall onto the shoulders of a handful of individuals, we are requiring all parents to contribute to SYB either through volunteer work or by a financial donation of \$100 or more to help offset the costs of the concert. Volunteer areas include: box office, merch (selling flowers and possibly other merchandise), concessions, backstage crew (moving sets/props, calling dancers backstage when directed), dressing room help, costume altering or embellishing, costume construction or purchase, set/prop construction or purchase, load in/out of the theater, providing refreshments for dancers backstage, purchasing flowers for our seniors, arranging the cast party, fundraising (recruiting businesses to donate funds or raffle baskets), and checking dancers in/out of the theater. What area(s) can you volunteer to help with?

I would like to volunteer for _____

I would like to make a tax-deductible financial contribution of \$_____

Parent(s)/Guardian(s), please read and sign the following agreement: If cast, Dancer agrees to accept the role(s) in which Dancer is cast and to attend all rehearsals for which Dancer is scheduled to the best of our ability. I agree to notify the Director and/or Choreographer in advance whenever possible if Dancer is unable to attend a rehearsal. I understand there are risks involved in dance training and I release Spokane Youth Ballet, the Academy of Dance, its owners, director, 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 Signature if over 18