

# Cincinnati Ballet: Summer Intensive Audition Registration

First & Last Name: \_\_\_\_\_ Audition Fee: \$25

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell: (     ) \_\_\_\_\_ Student Email: \_\_\_\_\_

M  F DOB: \_\_\_\_\_ Years of Dance Training: \_\_\_\_\_ Years *en Pointe*: \_\_\_\_\_

Current Studio: \_\_\_\_\_

Current Instructors: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

## Audition Date/Location Attended:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Jan. 8 – Detroit          | <input type="checkbox"/> Jan. 14 - Austin         | <input type="checkbox"/> Jan. 15 – San Antonio |
| <input type="checkbox"/> Jan. 21 – Washington D.C. | <input type="checkbox"/> Jan. 21 - Chicago        | <input type="checkbox"/> Jan. 22 - Columbus    |
| <input type="checkbox"/> Jan. 28 - California      | <input type="checkbox"/> Jan. 29 – Louisville     | <input type="checkbox"/> Jan. 29 - Albuquerque |
| <input type="checkbox"/> Feb. 3 – New York City    | <input type="checkbox"/> Feb. 4 - Massachusetts   | <input type="checkbox"/> Feb. 5 - Maine        |
| <input type="checkbox"/> Feb. 11 – Pittsburgh      | <input type="checkbox"/> Feb. 12 - Buffalo        | <input type="checkbox"/> Feb. 18 – Atlanta     |
| <input type="checkbox"/> Feb. 18 - Cincinnati      | <input type="checkbox"/> Feb. 19 – North Carolina | <input type="checkbox"/> Feb. 26 - Indiana     |
- Video Audition- \$30 Audition Fee

## Which weeks interested in attending:

- June 18    June 25    July 2    July 9    July 16    unsure

## How did you hear about our program? (Please check all that apply)

- Pointe Magazine       Dance Magazine       Your Current School  
 Cincinnati Ballet Website       Email       Brochure  
 Participated in program before - Date: \_\_\_\_\_  
 Friend \_\_\_\_\_  
 Other (Please explain): \_\_\_\_\_

## Medical Consent/Liability Waiver

I understand that the parent/guardian named above of the student will be contacted if medical attention is required during the audition. If the parent/guardian cannot be reached, I authorize Cincinnati Ballet staff to arrange for treatment as necessary, at my expense. In consideration of my child's participation in Summer Intensive Audition, held by the Cincinnati Ballet, I hereby agree to indemnify and hold harmless the Cincinnati Ballet, including Cincinnati Ballet Otto M. Budig Academy, as well as their trustees, officers, employees and volunteers (collectively referred to herein as the "Cincinnati Ballet") from any loss, liability or damage of whatsoever kind or nature and whether such loss, liability or damage was caused by or alleged to have been caused by the negligence of the Cincinnati Ballet, resulting from or occasioned by my child's participation in the Summer Intensive Audition.

**Parent/Guardian Signature:** \_\_\_\_\_

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