



# Audition Registration

\*For insurance purposes all fields are mandatory

## Student Information

Student Name		Date of Birth	MM/DD/YYYY
Phone Number			MM/DD/YYYY
Email Address		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			
House/apt #	Street address	City	
Province / State	Country	Postal/Zip Code	

## Parent / Guardian Information

Relation to Student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Name	
Email Address	
Phone Number	

## Academic and Training

Current Academic Grade	
Academic Grade as of next September	
Current Dance School	
Have you ever auditioned for the School of Alberta Ballet:	<input type="checkbox"/> Yes <input type="checkbox"/> No    Year?
What was the result of the audition?	
How did you hear about the audition?	
How many classes do you take per week?	
What exams, if any, have you successfully completed?	

In order for us to cater our future our future communications to you, please indicate if you are interested in attending our  
 Full year Program     Summer Intensive Only     Undecided at this time

## Credit Card Information

Card Type	
Name on Card	
Card Number	
Expiry Date	
Signature	



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## Waiver and Consent Form

I, \_\_\_\_\_ (parent/guardian name) acknowledge and agree that I have assumed all risks, including personal injury and property loss, resulting from any cause whatsoever as a consequence of \_\_\_\_\_ (student name) participating in class as well as any related or associated activities she/he/I participate in this day.

If I/we should require medical attention of any sort while in attendance at or during travel to, from, or in connection with the School of Alberta Ballet or a School of Alberta Ballet event or performance, including the production, the school's staff is hereby empowered to: administer first aid, have me/my child transported to a doctor or hospital, have me/my child examined and treated by a doctor, and take whatever action the School of Alberta Ballet may deem necessary to protect my health and welfare.

I/we agree to pay for any such medical procedures or treatment, and agree to release, hold harmless and indemnify School of Alberta Ballet as outlined in this agreement.

I/We release and waive, and further agree to indemnify, hold harmless or reimburse School of Alberta Ballet and Alberta Ballet Company and any and all related companies, subsidiaries, affiliates and associated corporations and their individual members, employees, consultants, volunteers, insurers, agents and representatives, including faculty members, from and against all claims (including defense legal fees) which I may have or claim to have, known or unknown, directly or indirectly for any losses, damages or injuries to myself or to my person or property, during the time of my/my child's attendance or during travel to or from School of Alberta Ballet or any School of Alberta Ballet.

I/We understand and accept that in order to properly teach and correct dance movement and technique, physical contact between the student and the instructor is necessary. Such contact, as is considered necessary by the instructor, is consented to by the student and/or the parent/guardian. The School of Alberta Ballet undertakes to ensure that such contact is applied in a professional manner and as is required for dance instruction and correction.

I/We consent to the taking and use of photographs or videos of myself or my child by the School of Alberta Ballet and Alberta Ballet Company, or by any media outlets as approved by the School of Alberta Ballet or the Alberta Ballet Company, for use in promoting the School of Alberta Ballet its programs, activities or events or Alberta Ballet Company, including but not limited to School publications, newsletters and web pages on the Internet, calendars, news releases or other promotional uses. I/We understand and agree that the School of Alberta Ballet and/or Alberta Ballet Company, as applicable, does not need to notify me/us or solicit my/our approval or compensate me/us in any way prior to using any such photographs or videos.

I HAVE READ THE ABOVE AND ACCEPT THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date