

DANCE INSTITUTE PERFORMANCE ACADEMY AUDITION

2024-2025 Company Audition Application

\$25.00 per person



Student Name: _____

Years on Team: _____

Age: _____ DOB: _____

School: _____

Grade Level (As of 9/1/24): _____ Age as of (As of 1/1/25): _____

Parent Email: _____

Address: _____ Zip code: _____

Home #: _____ Parent #: _____ Student #: _____

Emergency Contact: _____ Phone: _____

Which audition are you attending? Please circle all that apply

DIPA

Ballet Company

I hereby enroll my child in this audition and do hereby waive claim and release Dance Institute Performance Academy, Linda Holland, and Directors/instructors from claim or liability for any injury or accident occurring or arising from the instructional program on the premises of Dance Institute. I do authorize emergency first aid care to said student by Dance Institute in the event he/she becomes injured or ill during program.

Date: _____ Signature _____

List any allergies, or information we may need to know: _____

Why do you want to be a member of DANCE INSTITUTE PERFORMANCE ACADEMY?

Please list any activities that you are already involved in and the time commitment required.

For example: Drill team, Cheerleading, Sports, Church, Counselors, Volunteer Work, etc.
