

# DANCE INSTITUTE PERFORMANCE ACADEMY AUDITION

## 2021 Company Audition Application

\$25.00 per person



Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level (As of 9/1/21): \_\_\_\_\_ Age as of (As of 1/1/21): \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Parent #: \_\_\_\_\_ Student #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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?

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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.*

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