

STUDENT INFORMATION		<input type="checkbox"/> New	<input type="checkbox"/> Returning
First Name:		Last Name:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate (MM/DD/YEAR): / /	Current Age:	Current Grade:
PRIMARY PARENT INFORMATION			
Parent/Guardian Name:		Relationship to Student:	
Address:		City & State:	Zip Code:
Primary Phone:		Primary Email:	
DANCE TRAINING & EXPERIENCE			
Current Dance School:		Total Years of Training:	
Years of Experience (<i>indicate on each of the following</i>):		Ballet:	Pointe:
Contemporary/Modern:	Jazz:	Theatre:	Other:
SUBMISSION & PAYMENT: Deadline to Register for Audition –			
Select the program for which you are auditioning:			
<input type="checkbox"/>	Pre-Professional Division – Typical ages of dancers are 13 – 14 years old and older.		
<input type="checkbox"/>	Professional Division – Length of program is typically 3 – 4 years. Typical ages of dancers are 14 – 18 years old.		
Select audition method:			
<input type="checkbox"/>	Video submission – Videos must be submitted through officeadmin@intballetacademy.org. Video must include barre work (plies, tendus, adagio) and center work (adagio, petite allegro, grand allegro & pirouettes)		
Attire for in person & video auditions:			
Ladies: Black leotard, pink tights, ballet slippers & pointe shoes			
Men: White t-shirt, black tights, white socks & white ballet slippers			
PAYMENT RECORD: Audition payment must accompany this form.			
Audition Fee	Payment Amount	Date Paid	Payment Info
\$50.00			

PURPOSE FOR PURSUING THIS PROGRAM AT IBA *(to be completed by the dancer)*

Why did you decide to audition for this program?

I agree that the above listed student has permission to participate in audition lessons at the International Ballet Academy. In authorizing this participation of the above-named student, I sign below to signify that the dancer represented by this contract is medically fit to participate; and I assume all risks associated with participation in dance lessons & activities with the International Ballet Academy. I understand and accept that personal accident insurance is the responsibility of each participating student & family. As the legal parent or guardian of the student represented by this form, I release and hold harmless the International Ballet Academy, its owners, operators and faculty members from any and all liability, claims, demands and causes of action whatsoever, that may arise due to any loss, damage or injury, including death, that may be sustained by the participant, myself, or any other person in attendance with us while in or upon the premises.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date: