

Body Logic Dance Professional Training Audition Form

Personal Information

Name: _____

Age: _____ Sex: _____ Phone Number: _____

Email: _____ Birth Date: _____

Address: _____

Parent/Legal Guardian: _____ Phone: _____

Email: _____

Dance Experience (attach resume if provided)

How long have you been dancing: _____ Genres: _____

In what settings (studio, school, company, extra curricular, etc.): _____

What genres do you prefer: _____

Commitments

Our Professional Training Program season goes from August 12, 2019-June 2020. Please look at these commitments carefully, and put **yes or no** next to times and days that you are or are not able to attend.

Schedule:

Monday

12:30pm-4pm _____

Wednesday

12:30pm-4pm: _____

Saturday

8:30-10am: _____

If you have any pre-planned vacations, life events, or days off needed, please elaborate below: _____

I understand and recognize the risk of personal injury inherent in the performing arts, and I am willing to assume those risks. I release Body Logic Dance Academy; it's directors Melanie Ewell and Serena Webb, employees, or agents from and against any and all liability, damages, expenses (including legal fees), and/or claims of any nature whatsoever arising out of or in any way related to my or my participation in this audition at Body Logic Dance Studio.

Signature: _____ Date: _____

Parent/Legal Guardian (if under 18): _____ Date: _____