

City Ballet of Cleveland
Spring Concert Audition Form and Agreement
13108 Shaker Square • Shaker Square • Cleveland, OH 44120
216-848-9088
Website www.cityballetofcleveland.org • Email: info@cityballetofcleveland.org

Name _____
Please Print Dancer's Last Name *Please Print Dancer's First Name*

Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Email: _____

Dancer's Cell # _____ Dancer's Email _____

Mother's Name _____ Work Phone _____

Cell Phone # _____ Email _____

Mother's Place of Employment _____ Occupation _____

Father's Name _____ Work Phone _____

Cell Phone # _____ Email _____

Father's Place of Employment _____ Occupation _____

Dancer's Age _____ Date of Birth _____ Height _____ Weight _____

Emergency Phone (____) _____

Previous Experience (or attach resume)

Current Place of Dance Instruction

How did you find out about this audition? (Please circle)

Cleveland City Dance hand-out) _____

Word of mouth/ Company Website /Studio Website /Other _____

*I hereby acknowledge that I understand the requirements set forth for the City Ballet of Cleveland's "Spring Concert". I will **accept any and all roles** I and/or the dancer are offered**. I am bound by the terms set forth by the City Ballet of Cleveland, including the obligations for the **\$10 audition fee** (due by January 10) The audition fee is **\$20 after***

January 10. I also understand that no refunds will be given unless a withdrawal notice is accompanied by a verified doctor's excuse stating extreme illness or injury.

***Must be signed** _____
Signature of parent or guardian *Date*

Please list any medical problems or allergies:

**Cleveland City Dance Medical Release Form
(Rehearsals will be held at the Cleveland City Dance Studios)**

On behalf of my child and myself, I understand that classes and rehearsals involving physical activity, such as dance, present a risk of physical injury or illness, and acknowledge and agree that neither City Ballet of Cleveland, Cleveland City Dance studio, nor its Director or instructors shall bear any responsibility, or have any liability, for any personal injury or illness that may result from participation in any of its classes or any of its related functions.

Family Physician & Phone Number *Medical Conditions and/or Allergies*

***Must be signed** _____
Signature of parent or guardian *Date*

City Ballet of Cleveland - Media Release Form -I give my permission for photographs or television footage that include my dancer to be used for promotional purposes on the City Ballet of Cleveland and Cleveland City Dance websites, television, newspapers, magazines, brochures, billboards or any other form of advertising.

***Must be signed** _____
Signature of parent or guardian *Date*

Checks made payable to City Ballet of Cleveland•

\$10 Non-refundable audition fee due by January 10, 2019.

\$20 Non-refundable after January 10, 2019

Please note there are other financial commitments including, yet not limited to fundraising activities. A participation fee of \$75 is due no later than February 2, 2019.

FRONT OFFICE USE ONLY

Date: _____ Amount Paid \$ _____ Check # _____ or Cash

Audition Date: _____

Roles offered:

Carnival of the Animals	
Cocks & Hens	
Cuckoos	
Kangaroos	
Aquarium	
Fossils	