

City Ballet of Cleveland • 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 _____

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)

Flyer (Studio name) _____ Word of mouth/
Press Release / Company Website / Studio Website / Other _____

What is your dream ballet you would like to dance? _____

What experiences are looking to have with the Company?

I hereby acknowledge that I understand the requirements set forth for the City Ballet of Cleveland in the company handbook. I am bound by the terms set forth by the City Ballet of Cleveland, including the obligations for the participation fee (due at the first rehearsal) and fundraising required by Company dancers. 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/City Ballet of Cleveland 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 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 company 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*

Audition Fee: Checks made payable to City Ballet of Cleveland •

\$25 Non-refundable audition fee due with the form the Wednesday prior to the audition.

\$40 Non-refundable audition fee due after that Wednesday prior to the audition.

\$150 Non-refundable participation fee required securing your position in the City Ballet of Cleveland

Due The last Monday of August before rehearsals begin

Please note there are other financial commitments during the year including, yet not limited to participation fees for local festivals.

FRONT OFFICE USE ONLY

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

Audition Date: _____ (Circle) Apprentice Level/ Company Junior or Senior Level

Comments:
