



# AUDITION FORM

Train. Elevate. Inspire.

## STUDENT INFORMATION

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

Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age as of January 1st, 2027: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_

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

Student Phone Number: \_\_\_\_\_

## AUDITION INFORMATION

Number of Group Dances Interested In: \_\_\_\_\_

Interested in a Solo?  Yes  No

Interested in a Duo/Trio?  Yes  No

If yes, preferred partner(s): \_\_\_\_\_

## DANCE EXPERIENCE

Please list previous dance experience, studios, conventions, or competitions attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIABILITY WAIVER & DISCLAIMER

I understand that participation in dance classes, rehearsals, auditions, performances, competitions, and related activities with Elevate Dance Academy involves physical activity and carries a risk of injury. By signing below, I acknowledge and accept all risks associated with participation.

I hereby release and hold harmless Elevate Dance Academy, its owners, instructors, staff, and affiliates from any and all liability, claims, demands, or causes of action arising out of injury, illness, loss, or damages incurred while participating in academy activities.

I certify that the student listed above is physically able to participate in dance activities. I also understand that photos/videos taken during classes, rehearsals, performances, or events may be used for promotional purposes unless otherwise requested in writing.

Student Signature

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_  
Date: \_\_\_\_\_