



Artistic Director: Rachel Nace Maynard

president@oyodancecompany.org

www.oyodancecompany.org

## **Audition Registration Form**

**Number Assigned: \_\_\_\_\_**

Performer's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

***Please indicate whether your child has experience in the following areas:***

\_\_\_\_\_ Acting

\_\_\_\_\_ Ballet

\_\_\_\_\_ Hip Hop

\_\_\_\_\_ Singing

\_\_\_\_\_ Jazz

\_\_\_\_\_ Lyrical/Contemporary

***Please list any past productions your child has participated in, and their role in each:***

---

---

---

---

---

---

## Photo Release

Oyo Dance Company and Inspiration to Movement have my permission to use \_\_\_\_\_'s likeness in a photograph, video, or other media in any and all of its publications, including web based publications, without payment or other consideration.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information

**\*NO medications will be administered or distributed by ITM staff. We have first aid supplies available if needed\***

Please state all specific medical conditions including any allergies (including food, drug, etc.), disabilities, or emotional / behavior problems that you feel we should be aware of:

---

---

---

Does the dancer carry any medications with them?  Y  N Medication: \_\_\_\_\_

Reason for taking? \_\_\_\_\_

In an emergency, who should we contact other than parent/guardian? \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

\* Insurance is the responsibility of the parent/student.

---

## Medical Release

We, the undersigned, certify that the applicant is in good health and may participate in the activities at Inspiration to Movement (ITM). In case of an emergency requiring medical treatment, the undersigned hereby authorizes ITM to get the student to any medical or hospital facility for care and treatment and accept any payment responsibility for any treatments. This release is effective for the period one year from the date given below.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Liability Release

I give my consent for \_\_\_\_\_ to participate in programs at ITM and I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury that include but are not limited to muscle strains and tears, broken bones, or even death. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and in consideration of the benefits derived from ITM, I waive all rights, causes of actions, release an claims from the student while participating in said activity or while in the act of being transported to and from said activity including any and all consequential damage claims which I may be entitled to recover from said injury or property damage claim without regard to negligence of the parties, and I do hereby agree to indemnify and hold harmless, release and discharge the building owners, and/or ITM, staff, assistants, agents, representatives, instructors, directors and/or owners. It is understood that this agreement is binding on myself, my heirs, executors, administrators and assigns. I understand that good dance training involves touching and adjustment of the student's body by the instructor.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_