



Artistic Director: Rachel Nace

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www.oyodancecompany.org

Company Tracking
Audition Registration Form

Number Assigned: _____

Dancer'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 _____

_____ Singing _____

_____ Ballet _____

_____ Jazz _____

_____ Ballroom _____

_____ Other _____

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

Over

Qualification to audition:

In order for your child to audition and qualify for a placement in Company Tracking, you must agree to the following:

Please Initial each and sign at the bottom of the section.

_____ Child must be a minimum of 10 years old at audition

_____ Must enroll for the minimum class requirement at ITM:

3 ballet classes per week

2 pointe classes per week

1 modern class per week

1 ballroom class per week

1 Pilates class per week

Must register for at least 4 weeks of the summer intensives

_____ Investment:

- For unlimited (but at least the minimum) Children's program classes at ITM: **\$250**
(Scholarship value of \$200 – \$310 per month depending on how many extra classes taken)
- For the company tracking program costumes, performances and study: **\$50**
(Scholarship value of \$150 per month)
- Grand total: **\$300** per month for 9 months. **\$50 + summer program fees** for 3 months

*This amount will be automatically debited each month through Sawyer (plus the convenience fee)

_____ If offered a training scholarship, you must agree to meet all requirements, attendance, dress code and performance requirements/opportunities for the full season – September 20____ - August 20 ____.

_____ I understand that my child will have to reaudition every August for the following year.

Signature of Parent/Legal Guardian _____ **Date** _____

Why is your child interested in being part of Oyo Dance Company's Company Tracking Program?

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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 _____

Medical Release/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? _____ 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.

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 _____

Over

Liability Release

I give my consent for _____ to participate in programs at ITM and Oyo Dance Company 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 and Oyo Dance Company, 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 and Oyo Dance Company, 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** _____