

Danish Ballet Masters Summer Intensive 2017

Audition Application Form

Further information at www.danishballetmasters.com

| STUDENT INFORMATION | | | |
|-----------------------|-------------|---------------------------------|--------------|
| Surname: | First Name: | Age (minimum 15): | |
| Student Home Address: | City: | Birth Date (mm/dd/yyyy): | |
| | State: | Gender M/F: | |
| | Country: | Height: | |
| Nationality: | | Allergies or Health Problems: | |
| Cell Phone: | | School (if you are a student): | |
| Email: | | Ballet (if you are pro dancer): | |
| FAMILY INFORMATION | | | |
| Phone: | | Email: | |
| TRAINING | | | |
| Ballet Schools: | Dates: | Level & Teachers | Classes/week |
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| Summer Courses: | Dates: | Level & Teachers | Classes/week |
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Danish Ballet Masters and its organizers, teachers, agents, servants, employees and independent contractors, also including but not limited to the Rose Building Dance Foundation, Inc. will not be held responsible for any direct, indirect or consequential damage, loss of property, or injury, however caused, happening to or caused by me or my minor child before, during or after attending the audition or the Summer Intensive Ballet Course, nor for medical insurance or medical coverage. I agree to waive and relinquish and to indemnify, hold harmless and defend Danish Ballet Masters and its above-mentioned stakeholders from all claims that I or my minor child may have as a result of participating in any program or class against Danish Ballet Masters and its above-mentioned stakeholders.

By my signature I confirm that I have read and accept the above terms and conditions, also including the above waiver and release of all claims.

 Student Name

 Signature (Student or Parent
 of student minor of age)

 Date (mm/dd/yyyy)

Danish Ballet Masters' Audition Notes: