

# Ohio Dance Theatre Youth Ballet Company • Audition Form and Agreement 2011-2012

39 South Main Street • Oberlin, OH 44074 • 440-774-677  
Website [www.ohiodancetheatre.org](http://www.ohiodancetheatre.org) • Email: [odt@oberlin.net](mailto:odt@oberlin.net)

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 \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Previous Experience \_\_\_\_\_  
\_\_\_\_\_

Current Place of Dance Instruction \_\_\_\_\_  
\_\_\_\_\_

How did you find out about this audition? (Please circle)

Flyer (Studio name) \_\_\_\_\_ Word of mouth/News Articles/Web Site/Other \_\_\_\_\_

*As a non-profit organization, Ohio Dance Theatre depends on fundraising and donation requests to help support the activities of the Youth Ballet. If my child is accepted into the Company I hereby acknowledge that I will receive a company handbook and understand that I/my child will abide by the requirements within. I understand I am bound by the terms set forth by the Ohio Dance Theatre Youth Ballet Company, including the obligations for full payment of the participation fee and other related expenses (as detailed in the handbook) and I also understand that parent membership in BRAVO the Youth Ballet's Parent Guild is required. 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*

Any medical condition Y or N. If yes, please explain

\_\_\_\_\_

**Ohio Dance Theatre Youth Ballet Company Medical Release Form**

*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 Ohio Dance Theatre, 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.*

**\*Must be signed** \_\_\_\_\_

*Signature of parent or guardian Date*

**Ohio Dance Theatre Youth Ballet Company - 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 Cleveland City Dance Company 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*