

DANCE ALLIANCE REPERTORY COMPANY
Audition Workshop Classes and Audition Registration Form
Studio located at 811 West Michigan Avenue, Saline

Name: _____ **Birthdate:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent Email: _____ **Grade in Fall 2011:** _____

Dancer Email: _____

Previous dance experience (if new to DA & DARC): _____

Audition Workshop Classes (Open to Pre-DARC, Company 1 and new individuals auditioning for Pre-DARC and/or Company 1. 7 years old and up.)

Monday, May 23, 2011 & Wednesday, May 25, 2011

4:30pm-5:30pm

\$13.00 per class (no registration fee required)

Please check the day(s) that you will be attending. We recommend attending both days if at all possible. One day will be ballet technique and the other day will be jazz technique.

_____ Monday, May 23, 2011 @ 4:30pm-5:30pm, \$13.00

_____ Wednesday, May 25, 2011 @ 4:30pm-5:30pm, \$13.00

DARC Audition (Ages 7-18)

Wednesday, June 1, 2011

If you are new to DARC, with little dance experience, please audition at the 4:30 audition time. If you feel that this audition is not appropriate for your dance ability, please speak to Adam and/or Lisa for an audition time. If you are a returning DARC member, please audition in your current company time slot. If you are wishing for advancement, please feel free to audition for any company above your current company for placement consideration. **If staying for both auditions, only one audition fee is required.** Please remember that the current companies are subject to change and that numerous factors are considered before dancers are placed for next season. Current members are NOT guaranteed a spot for next season, nor are they guaranteed to remain in the same company or with the same members.

Please check the audition(s) you will be attending.

_____ 4:30pm-6:00pm: Pre-DARC & Company 1 Auditions, \$5.00 audition fee

_____ 6:30pm-8:30pm: Company 2, 3, 4 & 5 Auditions, \$5.00 audition fee

Total fees (from above workshops and audition): _____

Please return this form and your check to Adam or Lisa at the studio or mail to the address below.

Dance Alliance

P.O. Box 1628

Brighton, MI 48116 (Studio Phone: 734.429.9599 • DARC Email: canddance@comcast.net • Studio Email: studio@dancealliancesaline.com)

STATEMENT OF INFORMED CONSENT AND RELEASE OF CLAIMS

I am the parent or guardian of _____, who has been enrolled in a program of dance instruction at Dance Alliance, L.L.C. I acknowledge that I am fully aware of the hazards and physical stresses associated with dance and I am not aware of any medical or mental condition which would prohibit my child from safely participating in this activity. I will inform my instructor or Dance Alliance, L.L.C. of any physical or mental condition which my child may incur during the period of enrollment in the course activity which may interfere with his or her participation in the course activity.

In further recognition of the risks of injury and illness inherent in any dance program, I hereby waive and release Dance Alliance, L.L.C., its owners, employees and agents, on behalf of my child and myself, from and against any and all claims, costs, liabilities, expense or judgements arising out of my child's participating in Dance Alliance's programs for any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless Dance Alliance, L.L.C., its owners, employees and agents from and against any and all claims, except for illness or injury directly resulting from gross negligence or willful misconduct on the part of Dance Alliance, L.L.C., its owners, employees or agents.

Date _____ Parent Signature _____ Print Parent Name _____