

AUDITION CITY \_\_\_\_\_ AUDITION # \_\_\_\_\_

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

I would like to be considered for the Trainee Program: Y N  
*Trainee Program is a 2 year program for pre professional students who have graduated high school.*

### PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
*(audition results will be sent to this address)*

### TRAINING EXPERIENCE

Current Dance School: \_\_\_\_\_  
 Years of Ballet Study: \_\_\_\_\_ Ballet Classes Per Week: \_\_\_\_\_ Years on Pointe (if applicable): \_\_\_\_\_  
 Have you previously attended a Los Angeles Ballet Summer Program?  Yes  No  
 If yes, please list year(s) and level(s): \_\_\_\_\_  
 Other summer programs attended: \_\_\_\_\_  
 How did you hear about **LABSC**? Please check all that apply.  
 Poster  Dance Magazine Ad  Website  Email  Teacher  
 Friend  Previous Student  Social Media: \_\_\_\_\_  Other: \_\_\_\_\_

Los Angeles Ballet Summer Course (**LABSC**) is not responsible for accidents occurring in any class or audition, or on any premises where **LABSC** classes and auditions are held. The student, and parent or guardian, agree to hold harmless **LABSC** and their officers, agents, and employees against any and all injuries, costs, losses, damages, and expenses (including attorney's fees) which student might suffer from participation in an **LABSC** class or audition, of whatever kind or character and without limitation. Student, and parent or guardian, waive any claims, liens, demands or causes of action which student, and parent or guardian, now, or in the future, possess against **LABSC**, arising out of or in any way related to student participation in an **LABSC** class or audition.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Los Angeles Ballet Summer Course, 11755 Exposition Blvd, Los Angeles, CA 90064

#### Office Use Only:

\$40 Audition Fee  Proof of Age Suggested Level: \_\_\_\_\_  
 Cash  Head Shot Comments: \_\_\_\_\_  
 Check  First Arabesque