



AUDITION NUMBER _____

For staff use only

COLORADO BALLET ACADEMY

1075 Santa Fe Dr, Denver CO 80204 | (p) (303) 339-1623 | (f) 303-861-7174
www.ColoradoBallet.org/Academy

2018 Young Dancer Workshop

Students aged 9-12 (by June 18, 2018), not yet on pointe

Return in person, mail, email academy@coloradoballet.org, or by fax

Attachments: (1) Fee (2) Photo: tendu en face in a la seconde

Young Dancer Workshop: June 18- July 13, 2018

 TWO WEEK (S1) June 18-June 29, 2018 TWO WEEK (S2) July 2-July 13, 2018 FOUR WEEK June 18-July 13, 2018

AUDITION ATTENDING

 Denver, CO Date: _____

Today's Date: _____ Returning Student: Y / N If so, year(s): _____

First & Last Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Height: _____ Contact E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell phone: _____ Parent Phone: _____

Parent/Guardian's First & Last Name: _____

Current ballet school: _____ Current ballet instructor: _____

Number of hours in ballet classes per week: _____ Number of hours in other dance classes per week: _____

List previously attended summer programs with years attended: _____

What about Colorado Ballet Academy interests you? _____

How did you hear about us? _____

PAYMENT- STAFF USE ONLY			
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> \$35.00 (Pre-Registration only)	<input type="checkbox"/> \$40.00

Application Requirements: All applicants must submit an application form, (1) 5"x7" high-quality photograph of tendu en face in a la seconde. There is a \$35 application fee, \$40 if paid the day of the audition. Checks should be made payable to Colorado Ballet Academy.
 Please check here if you would like to pay by credit card. Complete the form first and send in - a CBA representative will call you.

Waiver: By signing up for Auditions with Colorado Ballet Academy and Colorado Ballet (hereinafter referred to collectively as Colorado Ballet), I and my family agree to observe and obey all posted rules and warnings, and further agree to follow any instructions or direction given to me by my instructors or the employees, representatives or agents of Colorado Ballet.

I recognize that there are certain inherent risks associated with Ballet and other forms of dance, and I assume full responsibility for any injury to myself that may occur while receiving training with Colorado Ballet and further release Colorado Ballet and its employees, representatives or agents for any injury, loss or damage arising from my use of the facilities, whether caused by the fault of myself, my family, Colorado Ballet or other affiliated parties.

I agree to indemnify and defend Colorado Ballet against all claims, causes of action, damages, judgments, costs or expense, including attorney fees and other litigation costs, which may in way arise from my or my family's use or training at Colorado Ballet.

By signing, I have read and agreed to the above waiver and policies.

Student Name (please print): _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

APPLICANT AGE	FOR STAFF USE ONLY	AUDITION NUMBER
	2018 Young Dancer Workshop: Level - _1 _2 _3 _4	
	2018-2019 CBA Year Program: Level - _1 _2 _3 _4	
COMMENTS: _____		

