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# Youth Performance Group Audition Form

Audition Fee of \$15 due at time of audition. Cash or check accepted. Please make checks payable to Midwest Performing Arts.

Dancer Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail (this will be the E-mail address we will use to notify you of your audition results) \_\_\_\_\_

Student's Academic School 2017/2018 \_\_\_\_\_ Grade 2017/2018 \_\_\_\_\_

**Please fill out below only if you were not a MPA student during the 2017/2018 School year:**

**Previous Dance Experience: (If a new student to MPA only)**

Ballet: \_\_\_\_\_ years, Pointe: \_\_\_\_\_ years, Jazz: \_\_\_\_\_ years, Modern: \_\_\_\_\_ years, Tap: \_\_\_\_\_, Hip Hop \_\_\_\_\_ Years

Dance Schools: \_\_\_\_\_

Previous and Current Instructors: \_\_\_\_\_

**How did you hear about Midwest Performing Arts?**

Newspaper: \_\_\_\_\_ Flyer: \_\_\_\_\_ E-mail: \_\_\_\_\_ Facebook: \_\_\_\_\_ Dance School: \_\_\_\_\_ Word of mouth: \_\_\_\_\_ Other: \_\_\_\_\_

Family Last Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to be billed \_\_\_\_\_

Billing Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Waiver/Release**

I hereby release Midwest Performing Arts, MPA and its agents and employees from all liability for personal injury, illness or property damage occurring on or off the premise leased by MPA, whether or not caused by negligence of MPA, its agents or employees. I certify that students listed above are in good health and capable of participation in all activities and classes. In and emergency, I authorize MPA to take such temporary measures as MPA deems appropriate. I hereby give permission to MPA to take photographs and/or videos of students listed above that will become permanent property of MPA. I consent to the use of such materials for promotional purposes by MPA. I agree to pay my account in full when due. I also agree to pay any and all fees associated with the collection of any outstanding g balances on my account.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Accept: YES/NO Group: \_\_\_\_\_ Audition notes on back of form.**