

BALLETMET STAFF ONLY:

Final Audition Number (If Applicable):

Result:

Preliminary Audition Number:

Result:



# BALLETMET DANCE ACADEMY *DISCOVER DANCE* SCHOLARSHIP STUDENT AUDITION FORM

Parents or guardians should complete this form with all current student information. Registration will take place during the first ½ hour of the Community Auditions. You only need to attend 1 Community Audition. Students will be released at the end of the audition period. Students are encouraged to dress in comfortable clothes for movement. They will be asked to take off their shoes. Students may audition in socks or barefoot.

## 1) Audition Information – Please check which audition you will attend

Lincoln Theatre – Wednesday April 10, 5:00-6:30pm: \_\_\_\_\_

Franklin Park Conservatory – Thursday April 11, 5:30-7:00pm: \_\_\_\_\_

King Arts Complex – Saturday April 13, 11:00am-12:30pm: \_\_\_\_\_

Glenwood Recreation Center – Monday April 15, 6:00-7:30pm: \_\_\_\_\_

Other (please list location): \_\_\_\_\_

## 2) Personal Information- PLEASE PRINT CLEARLY

Student Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Parent/Guardian Email (Required if applicable) \_\_\_\_\_

Parent/Guardian Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_ Grade \_\_\_\_\_

Does Student have previous dance training? \_\_\_\_\_ If so, where? \_\_\_\_\_

Has Student participated in BalletMet’s *Soar on Saturdays* Program? Yes No

Briefly explain any special circumstances or health issues. (Use the reverse side if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Funders often ask about the demographics of BalletMet participants; we would greatly appreciate if you would fill out the following information about your student:*

Sex \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Does any member of your household qualify for Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits? (please circle one) Yes No Unknown

**BALLET METROPOLITAN INC.**  
**CONSENT TO PARTICIPATION, RELEASE AND AUTHORIZATION**  
**FOR DISCOVER DANCE AUDITION**  
THIS FORM MUST BE COMPLETED TO PARTICIPATE IN BALLETMET  
ACTIVITIES



I am aware that dancing and the exercises associated with it may place stresses on the body and carry with them the risk of physical injury including dancing through virtual /distance learning. Dancing is often done in groups so may also create the risk of spreading infectious disease such as COVID 19. Please make sure you always dance in a safe place. On behalf of my child and myself (and, if I am no longer a minor, on my own behalf), I assume this risk and agree that Ballet Metropolitan, Inc. ("BalletMet") and/or Reynoldsburg City Schools ("School") shall not be liable in any way for injuries or illness or loss /damage of personal property sustained during participation in BalletMet activities, including virtual/distance learning activities, or any of its related functions. This instrument is given on my own behalf if I am the participant and on behalf of my child and myself, if my child is the participant, and extends to our executors, administrators, heirs and assigns.

I grant my child or ward permission to participate in BalletMet activities, including activities involved in dancer classes, virtual/distance learning, education and research. I hereby release and discharge BalletMet and School, their agents, boards, employees, representatives, trustees, and officers (collectively "Released Parties") from all claims, demands, actions, judgments, and executions ("Claims") which I, the participant and our heirs, executors, administrators or assigns may have, or claim to have, against the Released Parties, their successors or assigns, for all claims for loss, damages, expenses, and personal property or bodily injuries or illness caused by or arising from, the participant's participation in BalletMet activities or any activities related thereto, even if the Claim was caused, or alleged to have been caused, by the negligence of the parties being released, be it active, passive, simple or gross, or alleged as such.

I also agree to defend, hold harmless and indemnify the Released Parties from and against any and all such Claims, including claims of negligence, which arise in any manner out of the participant's participation in the BalletMet activities, even if the Claim was caused, or alleged to have been caused, by the negligence of the parties being released, be it active, passive, simple or gross, or alleged as such. I understand that by signing this instrument, I would ultimately bear the loss if I should successfully sue and recover damages from the Released Parties.

I understand that I may have to certify that I (or my child) am not experiencing any COVID 19 symptoms before entering the BalletMet space and if at any time I experience feel ill and/or any pain or discomfort during BalletMet class I will notify the instructor and/ or BalletMet Staff or if a child will have the child and/or guardian notify the instructor and/or BalletMet Staff.

I understand and agree that BalletMet may create recordings during the activities by photo, video, digital recording, or otherwise. I authorize BalletMet to use such recordings and/or data for any purpose it deems appropriate. Uses may include publicity, promotions, research, editorial, and related marketing purposes.

The participant has no medical condition and has not had a recent injury that would prevent the participant from participation other than noted below. I will notify BalletMet promptly if such a medical condition or injury occurs that prevents the participant's participation.

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it in consideration of BalletMet allowing the participant to participate in the activities, voluntarily and with full knowledge of its significance. I have executed this release/authorization on the date stated below.

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**Signature of Guardian of Participant**

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Date: MM/DD/YY

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Print Guardian Name

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Print Participant Name