

# Danscompany of Gainesville

**Director: Jeri-Lynn Rapczak**

## 2023-2024 Audition

Registration Fee: \$20 for one Section or Encorps  
and \$35 for both Ballet and Jazz

Office use only:

Circle one      **Ballet**      **Jazz**

Audition Number \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School Grade You Are Entering \_\_\_\_\_ School \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Years of Training: \_\_\_\_\_ Age at the time of audition: \_\_\_\_\_ Year(s) on Pointe \_\_\_\_\_

Present Dance Studio Name, Classes taking/Instructors (if not in company already): \_\_\_\_\_

Current Company Ballet Level: \_\_\_\_\_ Jazz Level: \_\_\_\_\_

Please indicate how long you have been at the current company level: \_\_\_\_\_

Please check here if 18+ and interested in EnCorps \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

*I understand that the Danscompany of Gainesville has numerous public appearances and performances that will require my/my child's commitment to be present at rehearsals, run-throughs, and performances if they are accepted into the company. By signing below I am acknowledging that I understand the commitment required for me/my child to be able to participate.*

I am aware that dancing, and the exercises associated with it, place unusual stresses on the body, and carry with them the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on by own behalf), I assume the risk and agree that the Danscompany of Gainesville shall not be liable in any way for injuries sustained during attendance at the Danscompany of Gainesville Audition or any of its related functions.

I grant my child, or ward, permission to participate in the Danscompany of Gainesville audition. I hereby release and discharge the Danscompany of Gainesville, its agents, employees, undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Danscompany of Gainesville, its successors, or assigns, for all person injuries caused by, or arising from, the above described activities, or any activities related thereto.

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Office Use Only: Date submitted \_\_\_\_\_

Current with Dancenter y / n

Pd. \_\_\_\_\_ Ballet \_\_\_\_\_ Jazz \_\_\_\_\_