

Audition city: \_\_\_\_\_

Audition date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant #: \_\_\_\_\_

## Summer Intensive Audition Registration

Name: \_\_\_\_\_  Female  Male  
First MI Last

Home address: \_\_\_\_\_  
Number, Street & Apt # City State Zip code

Country: \_\_\_\_\_ PARENT'S email: \_\_\_\_\_  
 (Notification of the result of your audition will be sent to the above email address. Please **print clearly.**)

Home phone #: \_\_\_\_\_ Parent's cell phone #: \_\_\_\_\_

Current age: \_\_\_\_ years. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_ ft., \_\_\_\_ in. # years dancing: \_\_\_\_

Current academic grade:  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup> (If your academic grade is not listed, you are not eligible to audition.)

Current ballet school: \_\_\_\_\_

School email: \_\_\_\_\_ Current ballet teacher: \_\_\_\_\_

**Please help!** Tell us how you learned of today's audition (please check all that apply):

- Your dance teacher
- HARID's Instagram page
- Pointe magazine print ad
- Internet search
- Poster hung at your studio
- HARID's Facebook page
- Dance Magazine print ad
- Other: \_\_\_\_\_
- From a friend
- HARID's Twitter page
- Pointe/Dance Magazine listing
- On HARID's website
- HARID's Youtube channel

On the basis of its established admissions criteria, The HARID Conservatory admits students without regard to race, color, sex, religion, ethnic origin, disability, or other protected status.

Please do not write below this line.

**\* Parent/Guardian: Please read and sign the release on page 2 of this form.**

### ADJUDICATOR'S EVALUATION

	<b>E</b>	<b>S</b>	<b>U</b>	<u>Notes:</u>
Proportions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Artistry & Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### ADJUDICATOR'S RECOMMENDATION

- FINALIST
- DENY
- High priority
- Medium priority
- Low priority
- Isabella Boylston Scholarship Finalist
- Male Dancer Scholarship Finalist
- Merit: \$ \_\_\_\_\_

Initial: \_\_\_\_\_

*The HARID Conservatory*

**WAIVER AND RELEASE OF LIABILITY**

The undersigned, the parent/guardian of \_\_\_\_\_ (hereinafter “**Audition Candidate**”), in consideration of the **Audition Candidate’s** participation in this Dance Audition conducted by **The HARID Conservatory** (hereinafter “**HARID**”) hereby releases **HARID** and the **Organization Hosting this Dance Audition (“Host Organization”)**, their officers, directors, agents, employees and trustees and further covenants and agrees that the undersigned shall not hold **HARID**, the **Host Organization**, their officers, directors, agents, employees and trustees solely, jointly or severally for any injury to the **Audition Candidate** or any damage or loss whatsoever incurred directly or indirectly or incidentally during the audition held on the premises of the **Host Organization** on this day. In further consideration of the **Audition Candidate’s** participation in the Audition, the undersigned does hereby agree not to institute, prosecute, or in any manner whatsoever, aid in the institution or prosecution of any claim, demand, cause of action or suit against **HARID** or the **Host Organization**, arising out of the **Audition Candidate’s** participation in this Audition. The undersigned confirms that the **Audition Candidate** is adequately trained and in proper physical condition to participate in the Audition. Finally, the undersigned confirms that the **Audition Candidate** has no physical injuries, impairments or conditions which would limit or adversely affect the **Audition Candidate’s** ability to participate in this Audition or which would be aggravated by the **Audition Candidate’s** participation in this Audition.

Parent’s/Guardian’s name (please print): \_\_\_\_\_

Parent’s/Guardian’s acknowledgement (re-enter name): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_