

The Riverside Dance Festival

Featuring: Pigeonwing Dance

Audition/Application Form

Please Print Clearly

Name _____

Age _____ Grade Level _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____

Contact Email _____

Will you be applying for Financial Assistance? _____

(If So Please Submit a "Scholarship Application Form" as well as this audition form.)

Are you planning to use our Room/Board Plan? _____

List any relevant Ballet/Contemporary Dance experience (include your school/teacher names):

Riverside Dance Festival Parental Authorization

I, the undersigned, hereby certify that to the best of my knowledge my child is able to safely participate in the Riverside Dance Festival for which he or she as been registered. I hereby release and hold harmless Riverside Theatre (RT), its staff, Ballet Vero Beach, guest artists, and its volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the Riverside Dance Festival.

I hereby authorize RT to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Furthermore, I hereby grant RT the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in the Riverside Dance Festival.

Signature of Parent/Guardian

Date