



AUDITION FORM 2021

Dancer Info

First Name _____

Last Name _____

Birth Date _____ Age _____

Grade (entering in fall) _____

Are you a current student of Downers Grove Park District Dance? _____

Are you a student at another studio?
If so, where? _____

How many years have you been dancing
(any style)? _____

Please list all styles you are experienced in. 5 lines are provided – you can list fewer or more than 5 styles. Rank each style from 1 (very confident) to 5 (least confident).

Style	Circle One				
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

What types of routines would you like to be considered for? This is not a guarantee that you will be placed in this dance.

- Solo
- Trio/duo
- Group Dances
 - One Group Dance
 - Two Group Dances
 - More
- Competition Routines
- Non-Competition – Community Performances Only

Competition Routines will also have community performance opportunities. To be considered for a solo, duet or trio, you must participate in at least one group dance.





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Parent/Guardian Info

First Name _____

Last Name _____

Address _____

City _____ Zip _____

Primary Phone _____ Alt Phone _____

Email _____

Are you Residents of Downers Grove Park District?

- Yes
 No

Parents will be notified via email regarding their dancer's routine placement no later than **Friday, August 13**. At that time, a tentative rehearsal schedule will be released as well. Each routine will have a separate rehearsal day & time; we will strive to arrange rehearsals with convenience for our families in mind, however we cannot make guarantees or individual concessions. Upon receipt of routine placement & tentative rehearsal schedule, you will have until **Friday, August 20** to accept or decline routines.

Upon accepting a routine, you will be sent registration information. Registration for all accepted routines AND corresponding required classes must be completed no later than **Monday, August 30** or your dancer will be removed from all routines.

We reserve the right to adjust rehearsal routines and class schedules as needed.

Each dancer is continually evaluated during the year in their regular classes and during all rehearsal and performance opportunities, as well as their audition. Every dancer matures at a different rate and the primary reason for placing students in different groups is to bring together dancers who form a cohesive group with similar skill level and dancing maturity. Each individual is considered on their own merits and all decisions by the instructors and supervisor must be respected and are final.

In addition to assessment of technical skills, we are also looking for individuals who are highly motivated, with excellent stage presence, confidence and energy.





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This "WAIVER AND RELEASE OF ALL CLAIMS" must be signed by all participating adults and/or one parent or custodial parent or guardian of children under 18 yrs of age. Without the proper signatures, your registration cannot be processed and will be returned to you.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

The Downers Grove Park District (herein collectively referred to as "the District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the District, including its officials, agents, volunteers and employees.

PHOTOGRAPHY/VIDEOTAPING WAIVER

Photographs and videos are taken by park district staff to use for promotional purposes. By registering for a program, attending an event or using a park district facility, you have granted us permission to use your image for promotional purposes.

SIGNATURE REQUIRED

I have read and fully understand the waiver and release of all claims on this page and the refund policy. This waiver form is completed and signed of my own free will. All adult participants must sign; one parent or custodial parent or guardian must sign if participant is under the age of 18 yrs.

Participant/
Parent or
guardian 1

SIGN HERE

DATE

Parent or
guardian 2

SIGN HERE

DATE

SPECIAL ACCOMMODATIONS AND FOOD ALLERGIES

The Downers
Grove Park
District strives to
comply with the
1990 Americans
with Disabilities
Act.

Check here if any participant needs special assistance or accommodations to participate in programs.

Participant's Name _____

Program Name _____

Check here if any participant has a food-related allergy.

Participant's Name _____

Program Name _____

