



Audition Form

Thank you for your interest in VKDCNY's year-round training program. Intermediate and Advanced students must audition for acceptance into our year-round program. Auditions take place throughout the year and video auditions are also accepted. Please email info@vkdcny.com or call (212) 245-0050 to discuss audition options and to schedule an audition time.

Please include a \$25 Audition Fee

Date: _____ Student's Name _____

Age _____ DOB _____

Parent/Legal Guardian's Name _____

Home Address _____

Home Phone _____ Parent/Guardian Cell _____

Student Cell _____

Emergency Contact & Phone _____

E-Mail Address _____

Has applicant studied ballet before? _____ How many years? _____

Previous ballet training: _____

How did you hear about us? _____

Is there any other information that you feel we should know about the applicant? _____

Signature (of parent if student under 18) _____

Office Use Only:

Accepted Y N Level_____

Notes:

AUDITION CLASS/Liability Waiver and Release

I attest, as a participant, or as the legal guardian of the minor referred to as participant in Valentina Kozlova’s Dance Conservatory of New York audition dance class, that should the participant take part in the aforementioned ballet class the participant is physically fit to participate in the physical activity program known as and associated with any VKDCNY dance classes.

In participating in aforementioned VKDCNY audition dance class, I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the participant might sustain, known or unknown, arising out of the program now or at all times in the future.

I understand that certain corrections may include manual physical contact and manipulation. I recognize and acknowledge there is risk associated with participating in the activities associated with the instruction of ballet, and I agree to assume total risk of any such activities connected with VKDCNY dance classes. I accept liability for any property damage that may occur as a result of participant’s instruction, and I understand and accept that no promises or guarantees are made, explicit or implied.

The registered participant or, in case of a minor their parent(s) or guardian(s) agrees to indemnify and hold harmless Valentina Kozlova’s Dance Conservatory of New York or any instructors associated with the program, from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by Valentina Kozlova’s Dance Conservatory of New York and arising out of or in any way related, directly or indirectly, to the participation of the class. By registering for this class, I agree to the terms outlined in this liability waiver and release. I also agree to abide by all Valentina Kozlova’s Dance Conservatory of New York policies and regulations.

-----PLEASE REMIT BOTTOM PORTION-----

AUDITION CLASS/Liability Waiver and Release

Agreement Contract

I, _____ (print) parent/guardian of _____, read and agreed on the information and rules given to me.

Signature: _____ Date: _____

I, _____ (print) student of Valentina Kozlova’s Dance Conservatory of New York, read and agreed on the information and rules given to me. I will follow and respect each one of them.

Signature: _____ Date: _____