

## AUDITION PREP INTENSIVE - APPLICATION

**Applicant's Name** Last: \_\_\_\_\_ First: \_\_\_\_\_

Check One: Male \_\_\_\_ Female \_\_\_\_ Birth Date (month/day/year): \_\_\_\_\_

High School/College/Occupation: \_\_\_\_\_

### **Address**

Street/Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian's Name** Last: \_\_\_\_\_ First: \_\_\_\_\_

Street/Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Telephone (or Day Time Contact): \_\_\_\_\_

### **Additional Emergency Contact Person**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **Please read disclaimer and sign. Registration is not complete without signature. Electronic signature acceptable.**

In consideration of mine, or my child's participation in programs provided by the Audition Prep Intensive Staff, I indemnify and save the Audition Prep Intensive Staff, and its affiliates, employees, and agents harmless from and against any and all liability for negligence or medical expense resulting from my child's participation in such programs or other activities. I further release the Audition Prep Intensive Staff and its affiliates, employees, and agents from any and all negligence or other claims resulting from my own, or my child's participation. I further understand the Audition Prep Intensive Staff does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid either by my own medical insurance or myself. I hereby grant permission for myself, and/or my child to participate in all the activities. I give permission for my picture or my child's picture and any video films including me or my child to be used and retained by the Audition Prep Intensive Staff.

Please sign and date this registration application, as indication that all information contained herein is factually correct and honestly presented by me, the student and/or Parent/guardian.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment. A deposit of \$150.00 is due with the application to ensure your spot in the intensive. Balance is due at first class. Class can also be paid in full at time of registration. Once we receive your registration form, you will be sent an electronic invoice. Please indicate below if you plan on leaving a deposit or paying for class in full at this time:**

I am      **Leaving a deposit**      **Paying the full balance**