

Date of Audition: _____
Pre-registration: YES NO
Payment: ONLINE ON-SITE
Payment Method: Cash Check # _____

AUDITION #:



HoustonBallet

Academy Audition Registration

Student First Name: _____ Student Last Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Years of ballet training: _____

Height (ft' in"): _____ Current academic school grade: _____

Parent(s)/Guardian: _____

Relationship to Student: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

***You will be notified of your audition results by email at the address you indicate below. (PLEASE PRINT)**

*Parent Email: _____

*Alternate Email: _____

PREVIOUS TRAINING: Please list Ballet Schools AND Instructors: _____ YEARS: _____

1. _____

2. _____

Houston Ballet Academy employs the most thoroughly trained instructors for each class and audition. Utmost care will be given to all students. However, Houston Ballet will not be responsible for loss or injury to any student. **My child is in excellent physical health and physically able to attend the Academy's programs.**

Photography and Media: Occasionally, students are interviewed by journalists and media crews to promote activities of the Academy and Company. In signing this form, I give permission for an indefinite period of time for my child, (myself if over 18), to be photographed, filmed, and/or interviewed in a Houston Ballet supervised environment for the sole purpose of promotions for the Academy and/or Company.

I have read, understand, and agree to the above statements.

Signature (Parent or Guardian for students under 18)

Date

FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE

ACCEPT: _____

LEVEL: _____

NOT ACCEPTED: _____

FS: _____ PS: _____

CFD FS: _____ CFD PS: _____