



Class & DVD Auditions

Summer Intensive 2017

Students interested in attending BR's Summer Programs may:

1) Attend a placement/informal audition class at the school prior to May 27th, 2017.
Please call 520•574•2804 or email us dance@ballet-rincon.com to schedule an appointment.

-or-

2) Audition by sending a DVD by May 27th to:

Ballet Rincon
Attention: Summer Intensive Placement Auditions
10544 East Seven Generations Way
Tucson, AZ 85747

Audition video/DVD must be no longer than 10 minutes in length and should include:

- Barre: Grand Plié, Tendu, Grand Battement, and Adage on Relevé
- Center: Adage, Pirouette, Petite Allégro and Grand Allégro
- Video/DVD must be labeled with your name and age
- Girls ages 7-9 are only required to demonstrate a routine done in their regular ballet classes.

Please send the following along with your video/DVD:

- Completed Audition Form (pages 2-3 of this document)
- Optional: Photo: First Arabesque (Ladies - en pointe)*

*Photos and video/DVDs will not be returned



Summer Intensive 2017 Audition Form

Student Name: _____

M: ____ F: ____ Birth Date: _____ Age as of June 1, 2017: _____
MM/DD/YYYY

Address: _____

City _____ State _____ Zip _____

Parent/Guardian Name: _____ Home Phone: _____

Parent email: _____ Cell Phone: _____

Student email: _____ Cell Phone: _____

*Email is our primary contact method.

Current academic school and district: _____

Current dance school and level: _____

Age dance training began: _____

No. of Ballet classes/week: _____ No. of Pointe classes/week: _____

Age student began pointe: _____

Additional training:

Date of audition: _____ Time of audition: _____
MM/DD/YYYY

Class Audition or Video/DVD audition

*Students will be placed into Summer Intensive programs based on the discretion of the artistic staff.

Name: _____

Liability Release

I, the undersigned, wish to participate in dance instruction at Ballet Rincon LLC. I also wish to participate in the Ballet Rincon-sponsored performances included in the Ballet Rincon calendar.

I recognize that the staff of Ballet Rincon LLC will do all possible to ensure my (or my child's) safety. I also recognize that dance instruction is a demanding physical activity that can hold certain inherent risks, including serious injury.

I so hereby knowingly and voluntarily assume these risks as condition of instruction with Ballet Rincon LLC. I waive and release in advance any claim I may hereafter acquire against Ballet Rincon LLC, their employees and contracted instructors, arising out of any future physical injury I (or my child) may sustain while participating in their instruction programs.

Student Signature (if 18 years or older): _____ Date: _____

Parent/Guardian Signature (if student is under 18): _____ Date: _____

Photographic Release

I agree to allow Ballet Rincon to use any photographs or video taken of my child/children while at the studio or in performance for promotional purposes (e.g. brochures, advertisements, posters, website, etc.).

Parent/Guardian Signature (if student is under 18): _____ Date: _____

I do not wish my child's image to be used to promote the studio in print or otherwise. _____ (Initial here)

For office use:

Program(s) placed:

* Summer Intensive Level _____

Additional Comments (Please add and initial):