

Audition Number _____

Video

SYC Notes:

**University of Oklahoma School of Dance
SATURDAY YOUTH CLASS
Ballet Audition Registration Form**

PERSONAL

Student's Name _____

Date of Birth ___ / ___ / ___

Email: _____

(Audition notification will be emailed to the address listed above, please print clearly)

Address _____

Age _____

City _____ ST ___ Zip _____

Home Ph. _____

Name of Parent / Guardian _____

Occupation _____

Parent(s) Daytime Ph. _____

Cell / Alt. Ph. _____

EMERGENCY CONTACT

Name _____

Phone _____

Relation to student _____

MEDICAL INFORMATION

Name of Primary Physician _____

Ph. _____

Please list any pertinent medical information or injuries that will affect your participation in this program.

DANCE TRAINING

Home Studio _____

City _____

Primary Dance Teacher _____

Years of Training _____

Years of Pointe _____

Current number of classes taken per week: Ballet _____

Class length _____

Pointe _____

Class length _____

Have you previously participated in the OU School of Dance Saturday Youth Class Program? _____

If so, please list years of participation _____

How did you hear about this audition? _____