



COMPANY AUDITIONS

THE HARGEST ACADEMY OF PERFORMING ARTS

216 NOAH DR. SUITE 110
FRANKLIN, TN 37064
615.486.HAPA (4272)
WWW.THEHARGESTACADEMY.COM

Student's Name: _____

Age: _____ DOB: _____ Grade Starting in Fall: _____

School Attending in Fall: _____

Parent/Guardian Name: _____

Cell Phone: _____

Email: _____

Address: _____

List any previous dance training: _____

Please list anything we should know about your child that could need immediate medical attention
(diabetes, allergies, etc.): _____

Would you like to be considered for a solo: _____ Would you like to be considered for a duo/trio: _____

I understand the Company monthly tuition of \$230 is for the full contract period from August to August. I understand that if I am chosen to be a Company member that it does not guarantee the number of dances I will be placed in. _____
Initial

I also understand there will be a financial responsibility if I agree to be a part of The Hargest Academy of Performing Arts Company (competition fees, costumes, sign on fee, monthly tuition, etc.). _____
Initial

I understand that at least one ballet class per week is mandatory for all Company members.
I have read and understand the rules of dismissal. _____
Initial

I understand that my child is dancing at his/her own risk. Any injuries occurring in the dance studio, while rehearsing, performing, going to or from any Company activity are not the responsibility of The Hargest Academy of Performing Arts, the studio, any teachers, choreographers, office workers, or other dancers. It is solely the responsibility of the person signed below.

Signature

Date