



AOM's Academy Audition Form
Please submit with last years solo routine
(Please turn in by Saturday, September 6th.)

- Application Fee: \$35. Make Check payable to Art of Movement and put Participant's name in the memo. Please mail to 1900 E. 27th St #104 Signal Hill, CA 90755
- Age Requirement: 12 or older as of October 27, 2017 (Under 18 must have Parent/Guardian signature)
- Must submit link to most recent Solo performance + Application + Liability Waiver + Medical Release by Saturday September 2, 2017 to info@artofmovement.dance
- Accepted Dancers will be announced on Saturday September 16, 2017

First Name: _____

Last Name: _____

Date of Birth: ____/____/____ Age as of 10/27/2017: ____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Relation: _____

Parent/Guardian's Phone _____ - _____ - _____ Dancer's Phone _____ - _____ - _____

Parent/Guardian's Email: _____ Dancer's Email: _____

Name of Studio you attend: _____

If independent, please check here _____

Director's Name: _____ -

Studio Address: _____

City: _____ State: _____ Zip: _____

Studio Phone _____ - _____ - _____

Studio/Director's Email: _____

*All information will be sent in an email to both parent and dancer AOM encourages the dancer to be the one to respond to the emails whenever possible. All email information will be used only for the Academy communications and will not be used for soliciting.



Medical Release Form
theACADEMY

Participant:	
Parent/Guardian (if participant is under 18 years old):	
Home Phone:	Cell Phone:
Emergency Contact:	Relationship:
Physician:	Physicians Phone #:
Emergency Contact Phone#:	

List of Medication that has to be taken regularly: _____

Medical Condition:

- Allergies/Food Allergies
- Asthma
- Epilepsy

- Heart Problems
- Diabetes
- Surgery

Explain items checked above: _____

Consent for a minor: (under 18 participants)

I, _____, herby authorize the participation of my child, _____, in all official activities with Art of Movement, Inc. In event of illness, injury or emergency, I give my permission for an Art of Movement, Inc representative to administer emergency treatment for accident or illness and to act in my stead in approving any necessary medical care my child may need if I am not available to do so myself. I understand that I am to provide primary health care insurance and I agree to be responsible for any expenses incurred for such treatment.

Parent or Legal Guardian Signature: _____

Consent for Legal Adult (18 years or older participant)

I, _____, herby willingly participate all official activities with Art of Movement, Inc. In event of illness, injury or emergency, I give my permission for an Art of Movement, Inc representative to administer emergency treatment for accident or illness and to act in my stead in approving any necessary medical care that I may need if I am not able to speak or decide for myself. I understand that I am to provide primary health care insurance and I agree to be responsible for any expenses incurred for such treatment.

Participant Signature: _____ Date: _____



LIABILITY RELEASE FORM
For AOM theACADEMY Members, Parent/Guardian, and Chaperone

1. **Assumption of Risk.** Participation in Art of Movement, inc theACADEMY carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (i) minor injuries (ii) major injuries to (iii) catastrophic injuries. Parent hereby acknowledges that Student will participate in rigorous training and will be physically touched from time to time during his/her dance instruction. This may include, but is not limited to, lifting, grabbing, thrusting, turning, pushing and pulling (collectively, “**Physical Touching**”). Parent is fully aware of the risks connected with participating in Art of Movement, Inc theACADEMY Instruction, Productions and Activities, as defined in Section 2, and Parent voluntarily assumes full responsibility for these risks.

2. **Use of Performances and Copyright Policy.** Parent authorizes Art of Movement, inc theACADEMY to photograph, film, videotape, record or otherwise capture in any media whatsoever now known or hereafter devised the Student’s Instruction, Activities, Special Events, and Productions and to use such recordings for instruction, promotion, publicity and broadcast uses. All ownership (including copyright) as well as all other rights, title and interest in and to these recordings shall belong exclusively to Art of Movement, inc theACADEMY. Parent further grants Art of Movement, inc theACADEMY the non-exclusive right, without limitation as to time, to use and display the Student’s name, biography, portrait, picture, voice, likeness and any recordings thereof for the purposes of advertising, publicizing, and promoting Art of Movement, inc theACADEMY, and in connection with Art of Movement, inc theACADEMY’s so-called institutional advertising.

Print Name: _____

Signature: _____ **Date:** _____

Print Parent/Legal Guardian Name: _____

Signature: _____ **Date:** _____

If Using a Chaperone

Chaperone’s Name: _____ **Phone#:** _____

Signature: _____ **Date:** _____