

Westcoast Academy

of Performing Arts

Encouraging Artistic Excellence

Studio Location: Braefoot Activity Centre 1359 McKenzie Ave Victoria BC

Phone: 250-415-1477 Website: www.westcoastballet.ca

Company Application Form

Students Name _____

Birth date: dd _____ mm _____ yy _____

Age as of Jan. 1, 2011 _____

What are you interested in?

- Classical Ballet Group
- Comedy Ballet Group
- Tap Group
- Modern Group
- Interpretive Group
- Ballet Solo/s age 8 and up, any level
- Modern Solo/s age 8 and up, any level
- Ballet Duet/Trio age 8 and up, any level
- Modern Duet/Trio age 8 and up, any level
- Other Solo/Duet/Trio: _____ age 8 and up, any level

Once participants for each piece have been selected Westcoast Academy will then determine the best time to hold each rehearsal based on students' schedules and availability. Most rehearsals will happen during company time on Wednesdays.

Waiver - The undersigned certifies that he/she is the parent and/or legal guardian of the above minor child. I give permission for the above named student to participate in the program(s) offered by Westcoast Academy of Performing Arts. I hold harmless the owners and faculty of Westcoast Academy of Performing Arts from all injuries or loss of personal property that may arise from participation at the studio, in rehearsal, in competition, or performance or any travel. I further authorise any representative of Westcoast Academy of Performing Arts to obtain any medical treatment that may be deemed necessary. I have read, understand and agreed to the payment and withdrawal policies of Westcoast Academy of Performing Arts. I further give permission for any photos/videos taken during this program to be used in promotion of this or other programs of this organisation.

Signature of Parent/Guardian of minor child

Date

