Ruth Page Center
School of Dance

1016 N. Dearborn Street, Chicago, IL 60610
www.ruthpage.org | p (312) 337-6543
ruthpage.org/professional-dance-training-program/general
contact: pdtp@ruthpage.org

Ruth Page Professional Dance Training Program
Audition Registration 2026 – 2027 Season

FOR STAFF USE
Audition #

Return in person, mail, or email, to Ruth Page School of Dance, Attn: Maray Gutierrez

Attachments: (1) (2) Headshot & First Arabesque Photo (3) Dance Resume (4) DVD/YouTube Link *if not performing a live audition*

Today's Date _____ **Audition In-Person** _____ **Video Audition** _____

Are You a Returning Student? Y / N **If so, year(s):** _____ **Pronouns:** _____

Full Name: _____

Date of Birth: _____ **Age:** _____ **E-Mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Valid Passport?** Y / N **Country of issue & Exp:** _____

Parent/Guardian: First Name _____ **Last** _____
*If under 18

Phone: _____ **E-Mail:** _____

Are you currently enrolled at any School of Dance? Y / N # Years Training _____ Total Hours/week _____

If so, which schools? _____

_____

What are your goals for dance this year? _____

_____

_____

What about Ruth Page's Professional Dance Training Program interests you? _____

_____

What are your dream companies? _____

_____

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Waiver:

By signing up for Auditions with Ruth Page Center for the Arts and Ruth Page School of Dance (hereinafter referred to collectively as RPSD) I and my family agree to observe and obey all posted rules and warning and further agree to follow any instructions or direction given to me by my instructors or the employees, representatives, or agents of **RP**SD.

I recognize that there are certain inherent risks associated with Ballet and other forms of dance and I assume full responsibility for any injury to myself that may occur while receiving training with RPSD and further release RPSD and its employees, representatives or agents for any injury, loss or damage arising from my use of the facilities whether caused by the fault of myself, my family, RPSD or other affiliated parties.

I agree to indemnify and defend RPSD against all claims, causes of action, damages, judgments, costs, or expense, including attorney fees and other litigation costs, which may in any way arise from me or my family's use or training at RPSD.

By signing, I have read and agreed to the above waiver and policies.

Dancer Name (please print): _____

Dancer/Guardian Signature (if under 18):_____Date: _____

FOR STAFF USE ONLY

COMMENTS: _____

_____

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