

**COMPETITION TEAM REGISTRATION AND AUDITION FORM 2009-10**  
**Director – Cindy Flanagan**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade in Fall 09: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Father/guardian: -- \_\_\_\_\_

Work #: \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

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**STUDENT RELEASE FORM**

I assume full responsibility and risk of bodily injury for the student enrolled at Concord Dance Academy. Our staff exercises the utmost care in working with the students. Our goal is to provide a safe and accident free environment; however in the event of any bodily injury, I release Concord Dance Academy and the instructors from all liabilities.

I have read and voluntarily sign this release form.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**FINANCIAL RESPONSIBILITY**

I accept full financial responsibility for all related costs during the 2009-2010 dance season at Concord Dance Academy. These costs include registration, monthly tuition, late fees, costume expenses, competition fees, rehearsal fees, recital fee expenses, etc. I understand that if my account becomes delinquent, my child will not be able to participate until the account is current. I understand my monthly tuition payment is for the entire month, regardless of the number of classes held. If a class is not held for any reason, no refunds will be given.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION FOR RECITAL**

I give my permission for the student to participate in the Concord Dance Academy recital at the Capitol Center for the Arts. I understand that this involves extra rehearsals and a dress rehearsal prior to the performances.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION FOR AUDITIONS**

I give my permission for my child to participate in competition team auditions. I understand the audition process and understand that the judges are professionals and are educated in dance and will place my child where he/she fits best.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL COMMITMENT

Please list the maximum *number* of GROUP routines financially permitted \_\_\_\_\_

Please be prepared to stay with the number of routines you listed throughout the year.

All dancers will be placed in the subjects selected by the teachers.

Your tap, ballet and jazz audition scores will be the deciding factor of your placement.

Solo, duo, trio, small group and large group placement will be  
based on subject audition scores.

I would like to make an appointment with instructors to discuss my child's dance development prior to auditions. \_\_\_\_\_

Comments:

IN ORDER TO PARTICIPATE IN AUDITIONS, YOU MUST RETURN THIS FORM ALONG WITH A **\$25 NON-REFUNDABLE REGISTRATION FEE** TO CONCORD DANCE ACADEMY **BEFORE** JUNE 1, 2009. FORMS WILL NOT BE ACCEPTED WITHOUT A VALID PARENT SIGNATURE.

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| OFFICE USE ONLY CASH _____ CHECK # _____ CC# _____ |
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