



# 2017 – 2018 CPAC REC Audition Registration Form

***(Return to CPAC no later than August 24th)***

**CONTACT INFORMATION:**

Dancer's Name: \_\_\_\_\_ Dancer's Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Email Address (Required): \_\_\_\_\_

Dancer Email Address: \_\_\_\_\_ Dancer Cell: \_\_\_\_\_

School Attending Fall 2017: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

School Grade Fall 2017: \_\_\_\_\_

**OTHER INFORMATION:**

What is the maximum number of pieces you can compete in? \_\_\_\_\_

Would you like to be considered for a competition Tap number? Y\*    N  
*(\*If so, you are required to enroll in a Tap class for 2017-2018)*

- I understand and agree that any questions, concerns, communications regarding the competition team and competition pieces must go through the CPAC offices at [cpacrec@cpac-dance.com](mailto:cpacrec@cpac-dance.com).
- I acknowledge child's participation in CPAC classes exposes child to risks of personal injuries because it involves physical exertion that may cause injury. I choose for Child to participate in classes and voluntarily assume all risks of activities occurring while child is participating. I promise not to sue CPAC and discharge and release CPAC, its employees, officers, agents from all claims for any or all personal injuries/damages to Child arising from child's participation in the classes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_