



2018 – 2019 CPAC Collective Audition Registration Form

(Return to CPAC no later than August 23rd)

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 2018: _____ Dismissal Time: _____

School Grade Fall 2018: _____

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 2018-2019)*

- I understand and agree that any questions, concerns, communications regarding the competition team and competition pieces must go through the CPAC offices at collective@cpac-dance.com
- I acknowledge that class attendance is imperative to the success of the team and each individual dancer's skills and strength. Excessive absences from weekly classes may result in the removal from competition pieces and will be closely monitored.
- 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: _____