



**COMPETITION TEAM
REGISTRATION AND AUDITION
FORM 2019-2020**
Director – Cindy Flanagan

Name: _____
Address: _____
City: _____
Zip: _____
Home Phone#: _____ Birthdate: ____/____/____ Age: _____
Grade in Fall 19: _____
Parent/guardian: _____
Work #: _____ Cell: _____
Email: _____
Parent/guardian: _____
Work #: _____ Cell: _____ E-mail: _____

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: _____

FINANCIAL RESPONSIBILITY

I accept full financial responsibility for all related costs during the 2019-2020 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. Late fees will be assessed for outstanding balances after the 5th of the month (\$30.00 or 10% of the balance, whichever is greater.) 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. I understand that if we break our competition team contract, I will not receive a reimbursement for fees already paid, and will be assessed a withdrawal fee.

Parent/Guardian: _____ Date: _____

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, educated in dance, who will place my child where he/she fits best.

*****The auditions are scheduled for Saturday, May 18th
Noon – 2:00 PM (12 and under) and 2:30 to 4:30 PM (age 13+)*****

Come to the age level that your child will be by January 1, 2020

Parent/Guardian: _____ Date: _____

FINANCIAL COMMITMENT

Approximate Competition Entry Fees

- Solo entry fees are approximately \$90-120 per entry
- Duo/Trio fees are approximately \$45-\$55/person per group
- Small / Large Group fees are approximately \$40-50/person per group.

Please note we will not be made aware of increases in comp fees until later in 2019.

Costume prices are will range from \$100-150 per costume. This is an estimate.

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.

Please complete accordingly:

I am auditioning for: (circle subject(s))

_____ Large Groups (tap, jazz, ballet, lyrical, contemporary, musical theater, hip-hop)

_____ Small Group (tap, jazz, ballet, lyrical, contemporary, musical theater, hip-hop)

_____ Trio (tap, jazz, ballet, lyrical, contemporary, musical theater, hip-hop)

_____ Duo (tap, jazz, ballet, lyrical, contemporary, musical theater, hip-hop)

_____ Solo (tap, jazz, ballet, lyrical, contemporary, musical theater, hip-hop)

Please list the **maximum** number of group routines that your student is financially permitted to compete: _____

PLEASE BE SURE YOU ARE TAKING INTO ACCOUNT THE NUMBER OF TECH CLASSES THAT WILL BE REQUIRED

IN ORDER TO PARTICIPATE IN THE AUDITIONS, YOU MUST RETURN THIS FORM ALONG WITH A \$20.00 NON-REFUNDABLE AUDITION FEE AND A RECENT PHOTOGRAPH (HEADSHOT - MINIMUM OF 3x5) TO CONCORD DANCE ACADEMY BY MAY 16, 2019. THE STUDENT MUST ALSO HAVE PAID THE \$30.00 ANNUAL REGISTRATION FEE. AN ADDITIONAL COMPETITION TEAM FEE WILL BE ASSESSED ON JULY 1 FOR ALL STUDENTS ACCEPTED ONTO THE TEAM.

FORMS WILL NOT BE ACCEPTED WITHOUT A VALID PARENT SIGNATURE.

OFFICE USE ONLY CASH _____ CHECK # _____ CC# _____

26 COMMERCIAL STREET - CONCORD, NH 03301 - 603.226.0200

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