

**2024-2025 CRESSKILL HIGH SCHOOL A CAPPELLA GROUPS
AUDITION FORM/PARTICIPATION CONTRACT**

Name _____ Grade _____

Address _____

Home Phone Number _____

Cell Phone Number _____

Student E-mail Address _____

Parent E-mail Addresses _____

Expectations

- I understand that dates are given in advance so that arrangements can be made to attend all rehearsal, concerts and contests, *including our afternoon/evening August summer camp and Choreography Day events.*
- I understand that all rehearsals, concerts and contests are required, and that work and transportation issues are not excuses.
- I understand that last minute date, time, or venue changes may be out of the control of the director.
- I understand that being a member of a Cresskill High School A Cappella Group means that I am representing the best of Cresskill High School at all times. I understand that my behavior has a direct correlation with the Cresskill High School A Cappella Groups and Cresskill High School and that our continued goal is to positively represent both.
- I understand that I must maintain my academic eligibility throughout the year.
- I understand that being ineligible for any reason puts a strain on my ensemble. Therefore, I will be put on probation the first time I become ineligible. In the event there is a second period of ineligibility, then I will be removed from the Cresskill High School A Cappella Groups.
- I understand that any infractions of the above, or discipline referrals, may be considered as grounds for removal from the a cappella groups, if detrimental to the success of the group.

IMPORTANT NOTE: We WILL be rehearsing during the Summer Recess on Friday, August 23, 2024 and Monday, August 26, 2024. Failure to attend those rehearsals may result your acceptance being revoked.

Do you understand that if you DO NOT attend the rehearsals held on Friday, August 23, 2024 and Monday, August 26, 2024 may result in your acceptance being revoked?

YES _____ NO _____

By signing this form, I acknowledge that I have read and understand the expectations set forth by the Cresskill High School Music Department for membership in the Cresskill High School A Cappella Groups, and that non-compliance will have an effect on my participation.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date _____