



Cecil Dancer Center

25 Flint Drive North East, Maryland 21901 (410) 287-3546 www.cecildancercenter.com

Save Time
& Postage -
Register Online
cecildancercenter.com

DANCE REGISTRATION FORM

Dancer's Name: _____ (Check one) Male _____ Female _____

Home Phone Number: _____

Mother's Name (if applicable): _____ Mother's Work/Cell Number: _____

Father's Name (if applicable): _____ Father's Work/Cell Number: _____

Student's Home Address: _____

City, State & Zip: _____

Parent's E-mail address: _____

Age (if under 18): _____ Birth Date (mm/dd/yy): _____ Grade: _____

Emergency name & number: _____

How did you find out about Cecil Dancer Center? _____

List the level, day and time of each class you are registering for:

(Example: Dance Basics, Tuesday, 12:45pm)

Are there any special circumstances such as medical, religious, family situation, etc. that we should be aware of?
If yes, please explain:

_____ Check here if you would like additional information on Birthday or Special Occasion parties.
Don't forget to ask about our Fitness Classes!

WAIVER AND RELEASE: I hereby agree to participate in dance classes given by Cecil Dancer Center, its director and agents, upon the understanding and condition that I am in possession of an information packet and current schedule, and am fully familiar with their contents. I fully understand that there are no refunds or credits of registration fees, tuition payments or classes regardless of the circumstances, according to school policies. Recognizing the inherent risks of illness and injury inherent in any dance program, I am participating upon the express agreement and understanding that I am hereby waiving and releasing Cecil Dancer Center from any and all claims, costs, liabilities, expenses or judgements, including attorney's fees and court costs arising out of my participation in the Cecil Dancer Center programs or any illness or injury resulting therefrom, and thereby agree to indemnify and hold harmless the Cecil Dancer Center from and against any and all claims except for illness or injury resulting from gross negligence or willful misconduct on the part of Cecil Dancer Center. I further understand that Cecil Dancer Center is equipped with an audio/video surveillance system and that my actions may be video/audio recorded. I realize that surveillance equipment will not be used in private areas. I also give my permission for Cecil Dancer Center to use photographs of my child for advertisement purposes. I hereby execute and deliver the Waiver and Release to induce Cecil Dancer Center to permit me to participate in its program. IN WITNESS WHEREOF, I have executed this waiver.

DATE _____

SIGNATURE _____

(Parent or Guardian, if student is under 18)

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Payment Options

Please initial the payment option chosen:

_____ Per Session

I have enclosed the \$20.00 registration fee and total tuition due for session 1
(If you choose this option you do **not** have to fill out the remainder of this side of the form)

_____ Automatic Withdraws Per Session

I understand tuition will be automatically withdrawn from my checking, savings, or credit card account. The first withdraw will be made upon registration and will include the \$20.00 annual registration fee. Withdraws for the remaining four sessions will be made 2 days prior to the start date of each session. I have indicated below which method of payment withdraw I have chosen.

_____ Monthly Automatic Withdraw

I understand that the total tuition for all 5 sessions will be divided into 9 payments which will be automatically withdrawn from my checking, savings or credit card account. The first withdraw will be made upon registration and will include the \$20.00 annual registration fee. Withdrawals will then be made on the 1st of each month (October 1st thru May 5th).

All banking information will be kept strictly confidential.

Option 1 – Withdraw from checking/savings

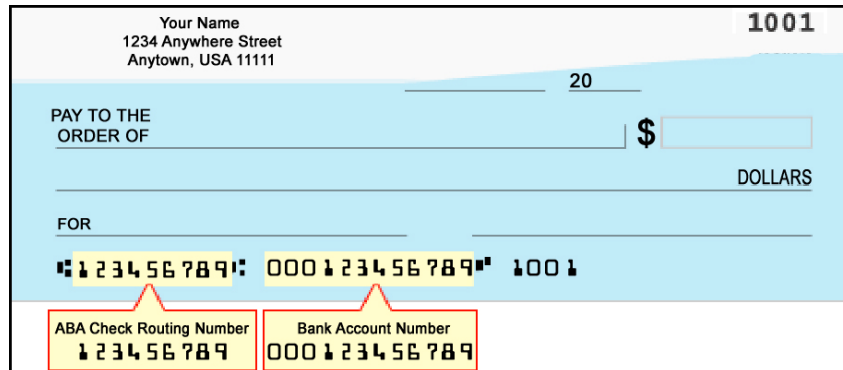
Name of Bank: _____

Select one Checking _____ Savings _____

ABA Check Routing No. _____

Bank Account No. _____

Example of check
Information →



Option 2 – Payments by credit card

Credit Card No. _____

Name on the Credit Card _____

Expiration _____ 3 digit security code _____ (circle one): Visa MC Discover