



Cecil Dancenter

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

Save Time
& Postage -
Register Online
cecildancenter.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: _____

E-mail address: _____

Additional E-mails: _____

(Our primary source of notifications regarding dance related information is by email)

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

Emergency name & number: _____

How did you find out about Cecil Dancenter? _____

List the level, day and time of each class you are registering for: (Example: Dance Basics, Wednesday, 12:45pm)

Check here if you would like additional information on our Fitness Classes.

WAIVER AND RELEASE: My signature below releases Cecil Dancenter Inc., Cecil Fitness Center, Cecil Dance Theatre and Cecil Junior Dance Troupe (herein known as The Companies); it's officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, exercise classes, rehearsals, camps, workshops, parties, private lessons, performances, field trips, or any function sponsored by The Companies. I am participating upon the express agreement and understanding that I am here by waiving and releasing The Companies from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participation in The Companies' programs or any illness or injury resulting there from, and thereby agree to indemnify and hold harmless The Companies from and against any and all claims. I understand that it is my responsibility to consult with a physician prior to and regarding participating in classes at The Companies. As the parent/legal guardian, I authorize all staff to act for myself or my child according to their best judgment in arranging for emergency care requiring medical attention and that my child may be transported by ambulance and admitted to any hospital or medical facility for diagnosis and treatment and I agree to pay for and hold The Companies and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at The Companies. Further, I authorize instructors to use kinetic correction that may include physically manipulating of myself or my child in an appropriate manner to assist in the proper alignment and execution of dance or exercise steps. I understand that The Companies are not responsible for the supervision of students before or after classes and it is The Companies policy that while under the supervision of the school, no child is allowed to leave the building without written permission of a parent/guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. I further understand that Cecil Dancenter's premises are equipped with audio/video surveillance systems and that my or my child's actions may be video/audio recorded. I realize that surveillance equipment will not be used in private areas. I also give my permission for The Companies to use photographs and/or video of myself or my child without payment, for publicity and advertisement purposes. I understand that anyone found to be disruptive to either another individual or group may be asked to leave the premises and be refused re-entrance in our programs. I hereby execute and deliver the Waiver and Release to induce The Companies to permit me to participate in its program. IN WITNESS WHEREOF, I have executed this waiver and have read and understood this assumption of risk, waiver of liability and medical authorization which will remain in effect as long as I remain a participant at The Companies.

SIGNATURE (Parent or Guardian) _____ DATE: _____

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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 the first session. I understand that I am responsible for paying each session tuition before the session begins and that I am aware of the dates for each session. I further understand that late charges may be applied to my account if payment is not made in a timely manner.

(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 that tuition will be automatically charged/withdrawn to my credit/debit card account. **The first charge/withdraw will be made upon registration and will include the \$20.00 annual registration fee.** Charges/Withdraws for the remaining sessions will be applied 2 days prior to the start date of each session.

_____ **Monthly Automatic Withdraw**

I understand that the total tuition for all 5 sessions will be divided into 10 payments which will be automatically charged/withdrawn to my credit/debit card account. **The first withdraw will be made upon registration and will include the \$20.00 annual registration fee.** Charges/Withdraws will then be made on the 1st of each month (October 1st thru June 1st).
All information will be kept strictly confidential.

NOTE: If you choose the "Monthly" Auto withdraw option, this needs to be set up manually by office personnel. The online registration process does not recognize the monthly option – only the "auto by session option". Please contact office for assistance with the monthly automatic payment option.

Payments by credit card

Credit Card No. _____

Name on the Credit Card _____

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

All information will be kept strictly confidential.