



2017 Summer Sisters Camp



25 Flint Drive • North East, MD 21901
410-287-3546 • www.cecildancercenter.com • info@cecildancercenter.com

Please complete **both** sides of this registration sheet and return it to Cecil Dancercenter. A \$30.00 non-refundable registration fee **per family** and the appropriate deposits must accompany this registration.

CAMPER REGISTRATION & ENROLLMENT FORM

Child's Name: _____
Last First Middle

Age: _____ Date of Birth: _____

Mother's Name: _____ Does child live with you? _____

Mother's Address Street City State Zip Code

Mother's Home Phone Number: _____ Mother's Work Number: _____

Mother's Email address: _____ Cell Number: _____

Father's Name: _____ Does child live with you? _____

Father's Address Street City State Zip Code

Father's Home Phone Number: _____ Father's Work Number: _____

Father's Email address: _____ Cell Number: _____

Extra Emergency Name & Number: _____

List the names of any person/s who are authorized to pick-up your child from camp (except parents) and their relationship to your child:

Please initial after reading each notice below on the line provided:

_____ I understand that deposits will not be transferred to another day/week unless 2 weeks notice is given **AND** there is an opening available that day/week

_____ I am aware that lunch is not provided and that my child will need to bring a lunch from home that will be stored in an on-site refrigerator.

Weekly Requirements:

My child will attend on the weeks circled on this registration form. Tuition for each week is **\$150.00**. I have enclosed a **\$25 deposit** for each week that is circled. I realize I will owe the balance of **\$125.00 on the Monday of each week of attendance**. There is a 10% sibling discount for 2 or more siblings registered for Girls Camp. Discount is reflected in weekly balance; \$25 weekly deposits for each child still apply.

_____ I would like the weekly balance charged to my credit/debit card on file each week of attendance.

Daily Requirements:

My child will attend on the days circled on this registration form. Tuition for each day is **\$33.00**. I have enclosed a **\$10 deposit** for each day that is circled. I realize I will owe **\$23 per day on the Monday of each week of attendance**. There is a 10% sibling discount for 2 or more siblings registered for Girls Camp. Discount is reflected in daily balance remaining; \$10 daily deposits for each child still apply.

_____ I would like the daily balance charged to my credit/debit card on file each day of attendance.

Please continue on the back. Incomplete registrations will not be accepted.

CAMP WEEKS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
June 12 – 16	June 12	June 13	June 14	June 15	June 16
June 19 – 23	June 19	June 20	June 21	June 22	June 23
June 26 – 30	June 26	June 27	June 28	June 29 <i>(Field Trip \$12)</i>	June 30
July 3 – 7	July 3	CLOSED	July 5	July 6	July 7
July 10 – 14	July 10	July 11	July 12	July 13	July 14
July 17 – 21	July 17	July 18	July 19	July 20	July 21
July 24 – 28	July 24	July 25	July 26	July 27 <i>(Field Trip \$10)</i>	July 28
July 31 – Aug 4	July 31 <i>\$25 Performance</i>	August 1	August 2	August 3	August 4
August 7 – 11	August 7	August 8	August 9	August 10	August 11
August 14 – 18	August 14	August 15	August 16	August 17	August 18 <i>(\$34 Sleepover- optional)</i>
August 21 – 25	August 21	August 22 <i>(Project: \$3.00)</i>	August 23	August 24	August 25
August 28 – Sep 1	August 28	August 29	August 30	August 31	September 1

***August 18th Overnight Stay Option**

Our "Summer Nights" Sleepover Party will be held on **Friday, August 18th**. Girls will have an evening of fun with friends while parents enjoy a night out. Girls must bring pajamas, a sleeping bag (or blanket), flashlight and pillow. We supply dinner on Friday, evening snacks and Saturday morning breakfast. Pick-up must be before 10:00am on Saturday morning. Cost (in addition to daily tuition) is \$34.00 and must be paid in advance. In signing below, guardian is granting permission for Cecil Dancenter staff to chaperone their child overnight. You understand that Cecil Dancenter cannot be held responsible for conditions beyond their control. In the event that emergency medical care is required, guardian permission is also granted.

1. **Non-refundable Registration Fee (per family)**..... **\$ 30.00**
 2. Total number of full weeks circled above: _____ x \$ 25.00 deposit = \$ _____
 3. Total number of individual days circled above: _____ x \$ 10.00 deposit = \$ _____
 4. _____ Yes, my child will participate in the overnight stay on **August 18** x \$ 34.00 = \$ _____
 5. Field Trip Fees/Performance Week Fee (please reference above pricing) \$ _____
- Total amount due with registration (add the totals of number 1, 2, 3, 4, & 5) \$ _____**

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: _____