



# Cecil Dancer Center

25 Flint Drive North East, Maryland 21901 (410) 287-3546 [www.cecildancercenter.com](http://www.cecildancercenter.com)

## FITNESS REGISTRATION FORM

Name: \_\_\_\_\_ (Check one) Male  Female

Home Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

Will you need childcare during fitness classes? (Check one) Yes  No

*\*Note: childcare is only available during some morning classes.*

If yes, please list ages of children: \_\_\_\_\_

How did you find out about our Fitness Classes? \_\_\_\_\_

List the name, day and time of each class you are registering for (if you are registering for unlimited classes, please list which classes you are most interested in attending): (Example: Tuesday 9:15am Cardio)

### Fitness Program Acknowledgement and Waiver

Have you ever experienced difficulty exercising due to an injury or illness? (Check one) Yes  No

If yes, please describe:

Are you currently taking any medication that might impair your ability to exercise? (Check one) Yes  No

If yes, what medications are you currently taking?

WAIVER AND RELEASE: My signature below releases Cecil Dancer Center 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 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 Dancer Center'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: \_\_\_\_\_

Please complete the back of this form.



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## Payment Options

Please initial the payment option chosen:

           One-Time Payment

I have enclosed the total amount due for fitness classes held this session. I understand that there will be no refunds after the first 2 weeks of classes.

           Monthly Automatic Withdraw

I understand that the total summer tuition will be divided into 2 payments which will be automatically charged/withdrawn to my credit/debit card account. The first withdraw will be made upon registration and the second charge will be made on August 1, 2016. You will receive an email notification alerting you of the monthly tuition fee charged to your card.

**\*\*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. Please contact our office for assistance with the monthly automatic payment set up.**

*All credit information will be kept strictly confidential.*

### **Payments by credit card**

Please use Credit Card on file from previous session:

Credit Card No: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

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