



# Cecil Dancenter

Save Time & Postage -  
register online at  
cecildancenter.com

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

Dancer's Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Check one: Female  Male  Current Age: \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Mother Work/Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father Work/Cell # \_\_\_\_\_

Email Address \*\* \_\_\_\_\_

Additional Emails \*\* \_\_\_\_\_

*\*\* Our primary method of notifications regarding dance and studio related information is by EMAIL \*\**

Extra Emergency Name(s) and Number(s) \_\_\_\_\_

How did you find out about Cecil Dancenter? \_\_\_\_\_

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


### Payment Options

**Payment In Full each 7 week session.** Payment can be by check, cash or card. I have enclosed the \$25 registration fee and total tuition due. I am responsible for paying each session's tuition before the session begins and I am aware of the dates for each session. I further understand that late charges will be applied to my account if payment is not made in a timely manner.

**Automatic Withdraws per each 7 week session (Recurring Session Payment Plan)** with credit/debit card on file. I understand that the tuition will be automatically charged/withdrawn from my credit/debit card on file. The first charge will be made upon registration and will include the \$25 annual registration fee along with the first session tuition. Charges for the remaining sessions will be applied to the card at the start of each new session.

**Monthly Automatic Charge (Recurring Monthly Plan\*\*)** I understand that the total tuition for all 5 sessions will be divided into 10 Payments which will be auto charged/withdrawn to my card on file on the first of each month. The first charge will be made upon registration and will include the \$25 annual registration fee. Charges will then be made on the first of each month for the remaining months with the last charge occurring on June 1.

*\*\* The auto MONTHLY plan needs to be set up by office personnel as the online registration system does not calculate correctly. Please contact office to set up.*

Type of Card (circle one):	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Expiration	_____
Credit Card Number	_____	3 Digit Code	_____
Name on Card	_____	Billing Zip	_____

**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 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: \_\_\_\_\_