

Cecil Dancenter

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

2017 Summer Dance Registration Form

To register for summer programs please complete this form and return with tuition paid in full.
Registrations will not be accepted with partial payments.

Dancer's Name: _____

Address: _____
City/State Zip Code

Phone Number: _____ Grade child will enter in Fall 2017: _____

Age (if under 18): _____ Birth Date: _____ Sex (circle one): Male Female

Parent's E-mail Address: _____

Mother's Name & Work/Cell Numbers: _____

Father's Name & Work/Cell Numbers: _____

Extra Emergency Name and Number: _____

How did you find out about Cecil Dancenter? _____

<u>Summer Dance Class Name/Level</u>	<u>Day</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____

Camps / Intensives

___ In The Spotlight Camp (ages 5-15) · Mon, July 31 – Fri, August 4 · 9:00am – 4:00pm · \$205.00

___ Princess Camp (ages 4-8) · Mon, August 7 – Fri, August 11 · 10:30am-1:30pm · \$137.00

___ Check attached – Amount \$ _____

___ Please charge my credit/debit card on file _____

___ Please charge the following credit card: Type (Visa/MC/Discover) _____

Card Number _____ Exp Date _____ Security Code _____

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

If yes, please explain:

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: _____