



## 2016/2017 Registration Form

Classes are filled on a first-come, first-serve basis. To register, please complete and mail to **880 Compton Rd., Cinti., OH 45231. Please include \$25 per student registration fee.** Questions? Please call CDMC at 521-8462.

Please print Student(s) Name(s) on line below: (Also please complete the student section on the back of this sheet.)

Student(s): \_\_\_\_\_

**Contact Information:** Please complete with the information of the person responsible for the registered student. This is usually the parent or grandparent for minor students. Adult students, please complete with your information. The person listed as the contact accepts responsibility for payment of the account by signing at the bottom of this form. All communications, including phone calls, mailings, and e-mails, will be directed to this person.

Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail address (For announcements and scheduling changes such as snow days): \_\_\_\_\_

Contact Phone (Number to call with important info; for example, to notify of a class cancellation): \_\_\_\_\_

Emergency Phone (To be used in case of emergency if we can't reach you at your contact phone.): \_\_\_\_\_

Please read the following and sign and date. Parents sign for minor students; adult students sign for themselves.

### WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) herein, do hereby give permission for the aforementioned dancer(s) to participate in any and all classes, programs, shows and events offered by or attended by the Cincinnati Dance and Movement Center (hereafter referred to as CDMC) and the Tina Marie School of Dance, Inc. I accept all risks associated with that participation and understand that there is a full possibility of serious physical harm or injury. I hereby covenant not to sue, and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against the Tina Marie School of Dance, Inc. and CDMC and its officers, directors, employees, faculty and/or other assigned representatives or volunteers from any and all liability for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed on the reverse side while participating at or for CDMC or the Tina Marie School of Dance, Inc. Furthermore, I hereby give my permission to CDMC and the Tina Marie School of Dance, Inc. to use photographs and/or videos of the dancer(s) listed on the reverse side as deemed for the promotion of CDMC and the Tina Marie School of Dance, Inc.

### CERTIFICATION OF INSURANCE AND PERMISSION FOR MEDICAL TREATMENT

My signature below indicates my certification that I have medical insurance on the dancer(s) listed herein and will maintain continuous medical coverage while he/she is a student of CDMC and the Tina Marie School of Dance, Inc. I also authorize CDMC and the Tina Marie School of Dance, Inc. and its officers, directors, employees, faculty and/or other assigned representatives or volunteers to use standard first-aid procedures on the dancer(s) listed on the reverse side and I consent to any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally will be responsible for all expenses which are incurred in relation to any injury sustained during any class, program, show, or event offered by or attended by CDMC or the Tina Marie School of Dance, Inc.

### TUITION PAYMENTS

My signature below indicates that I understand and accept there are ten (10) tuition payments due for the dance year (Sept. 12 through June recital), and that the due dates are the 1<sup>st</sup> of the month, September 2016 through June 2017. *(To clarify, there are ten equal installment payments for tuition for the 2016/2017 dance year, September 12 through the year-end recital in June. Some months have more class days than other months, but the total number of class days for each class is equal. For example, Monday classes have the same total number of classes (34) for the year as Tuesday, Wednesday, or Thursday classes, although it may differ from month to month.)* I further agree that I will be responsible for paying a late fee of \$10 if, on the fifth of the month, I have not paid that month's tuition payment or if my account is carrying a balance for other past-due bills. I understand that I may withdraw from class by completing a withdrawal form, and will not be held responsible for future tuition payments that are due after the date that the form was received by CDMC.

### ACCEPTANCE OF RULES AND REGULATIONS

My signature below indicates that I have read, understand and agree to abide by all rules, regulations, policies, and procedures set forth by CDMC and the Tina Marie School of Dance, Inc., and its officers, directors, employees, and faculty, as well as any additional rules, regulations, policies, and procedures that may be set forth throughout the year. I agree to make all payments by their assigned due date. I agree to accept financial responsibility for all fees incurred, including, but not limited to, all charges and fees assessed if proper procedure is not followed, such as late fees and returned check fees.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form and the \$25 per student registration fee (in the form of a check made out to CDMC) to The Cincinnati Dance & Movement Center, 880 Compton Rd, Cinti., OH 45231. Questions? Call 521-8462.

# The Cincinnati *Dance & Movement* Center

**Student Information:** (Please complete a separate section for each student. Use additional sheets if needed.)

**Student 1:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School/District (if minor): \_\_\_\_\_ Grade in School (2016/2017): \_\_\_\_

Pertinent Medical Info: \_\_\_\_\_

Classes Requested (Start with longest class.)	Class Day	Time	Tuition	
<i>(Examples: Ballet III, Pre-School Dance, Adult Tap, etc.)</i>				
1 <sup>st</sup> class: _____	_____	_____	_____	
2 <sup>nd</sup> class (20% off) _____	_____	_____	_____	
3 <sup>rd</sup> class (30% off) _____	_____	_____	_____	Tuition
4 <sup>th</sup> class (40% off) _____	_____	_____	_____	Total
5 <sup>th</sup> class (50% off) _____	_____	_____	_____	for
				Student 1

**Student 2:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School/District (if minor): \_\_\_\_\_ Grade in School (2016/2017): \_\_\_\_

Pertinent Medical Info: \_\_\_\_\_

Classes Requested (Start with longest class.)	Class Day	Time	Tuition	
1 <sup>st</sup> class: _____	_____	_____	_____	
2 <sup>nd</sup> class (20% off) _____	_____	_____	_____	
3 <sup>rd</sup> class (30% off) _____	_____	_____	_____	Tuition
4 <sup>th</sup> class (40% off) _____	_____	_____	_____	Total
5 <sup>th</sup> class (50% off) _____	_____	_____	_____	for
				Student 2

Quick Reference for Monthly Tuition with Multiple Class Discount: (Start with longest class first.)

Classes per week	30-minute class	45-minute class	60-minute class	75-minute class
1st class per week (start with longest class)	\$39.00	\$46.00	\$52.00	\$57.00
2nd class per week	\$31.20	\$36.80	\$41.60	\$45.60
3rd class per week	\$27.30	\$32.20	\$36.40	\$39.90
4th class per week	\$23.40	\$27.60	\$31.20	\$34.20
5th or more classes per week	\$19.50	\$23.00	\$26.00	\$28.50

For Our Records: Please tell us how you found out about the Cincinnati Dance and Movement Center.  Returning Student  
 Phonebook  Website  Facebook  Mailer  Newspaper  Parade  Saw Performance  Drove By  
 Flyer (Where?) \_\_\_\_\_  Referral (Who?) \_\_\_\_\_  Other (Please elaborate.) \_\_\_\_\_

For Office Use Only : Date registered: ____/____/____ Amount Pd. _____ Chk or MO # _____ Registered by _____
Notes _____ Registration # _____