



2010/2011 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.

Parent/Guardian Information: Please complete both columns for any information that differs.
Adult students, cross out "mother" and complete with your information.

Mother: _____ Father: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone: _____ Phone: _____

Contact Information: The contact person is the person responsible for payment of this account. If left blank, by default the mother will be the contact person. All communications, including phone calls, mailings, and e-mails, will be directed to the contact person, so please make sure the contact person is aware that he/she needs to pass along any pertinent info.

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. If contact person is someone other than the parent or legal guardian, both the contact person AND the parent/legal guardian must sign. 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.

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.

Tuition payment plan selected: _____ 10 payments for the year, due the 1st of the month - Sept. 2010 thru June 2011.
(If left blank, defaults to 10 payments.)
_____ 1 payment for the year. Due with registration form, prior to Sept. 1, 2010. Defaults to 10-payment plan if full payment is not received with the registration form and if not registered by Sept. 1, 2010.

Parent/Legal Guardian's Signature and Date: _____

Contact Person's Signature and 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. THANK YOU.

Questions? Please call 521-8462.

Student Information: Please complete a separate section for each student.

Student 1: _____

Date of Birth: ____/____/____

School/District (if minor): _____

Grade in School (2010/2011): ____

Pertinent Medical Info: _____

Classes Requested	Day	Time	Teacher

Student 2: _____

Date of Birth: ____/____/____

School/District (if minor): _____

Grade in School (2010/2011): ____

Pertinent Medical Info: _____

Classes Requested	Day	Time	Teacher

Student 3: _____

Date of Birth: ____/____/____

School/District (if minor): _____

Grade in School (2010/2011): ____

Pertinent Medical Info: _____

Classes Requested	Day	Time	Teacher

For Our Records: Please tell us how you found out about the Cincinnati Dance and Movement Center.

Returning Student Yellow Pages Newspaper Ad Flyer Website Saw Performance Drove By

Referral Who? _____ Other Please elaborate. _____

For Office Use Only : Date registered: ____/____/____ Amount Pd. _____ Registered by _____

Notes _____