

CECIL FITNESS CENTER

25 Flint Drive North East, Maryland 21901 (410) 287-3546 www.cecilfitnesscenter.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: Pilates, Monday, 10:15am)

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 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: _____

Please complete the back of this form.

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.

_____ **Automatic Withdraws Per Session**

I understand that tuition will be automatically charged/withdrawn to my credit/debit card account. The first charge/withdraw will be made upon registration. Charges/Withdraws for the remaining sessions will be applied 2 days prior to the start date of each session.

_____ **Monthly Automatic Withdraw**

I understand that the total tuition for all 5 sessions will be divided into 10 payments which will be automatically charged/withdrawn to my credit/debit card account. The first withdraw will be made upon registration. Charges/Withdraws will then be made on the 1st of each month (October 1st thru June 1st).

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