



THE CENTER FOR
CONTEMPORARY DANCE

Rev. 1/4/2010

3580 Aloma Avenue #7, Winter Park, FL 32792 ■ TheCenterForDance.org ■ (407) 695-8366

STUDENT INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Gender: _____

How did you hear about The Center for Contemporary Dance?

For Office Use Only:

- EML
- Ref. student's dance card has been credited:

Notes:

Center Director: _____

Check if applicable: Center Parent College Student 55+ Center Pre-Pro
 Professional Dancer 3 or more family members sharing a Dance Card

DANCE CARD: Expiration Date: _____ Tuition: \$ _____

Creative Movement Academy Other: _____

30 Class Hrs (1 year) 20 Class Hrs (180 days) 10 Class Hrs (120 days)

5 Class Hrs (60 days) Other: _____

SINGLE CLASS RATE \$ _____ Tuition: \$ _____

TWO-CLASS INTRODUCTORY OFFER (30 days): Expires: _____ Tuition: \$ _____

SEMESTER ACCESS PASS: Expiration Date: _____ Tuition: \$ _____

MONTHLY ACCESS PASS: Expiration Date: _____ Tuition: \$ _____

PRE-PROFESSIONAL PROGRAM (MONTHLY): _____ Tuition: \$ _____

PRIVATE SEMI-PRIVATE GROUP: Expires: _____ Tuition: \$ _____

10 Class Hrs* (120 days) 5 Class Hrs* (60 days) Other: _____

MASTER CLASS/WORKSHOP: _____ Tuition: \$ _____

REGISTRATION FEE: \$20 (Single) \$45 (Family) \$10 (College or 55+) + \$ _____

TOTAL: \$ _____

All purchases are final; no refunds or transfers. Students with zero or negative balances on Dance Cards (or unpaid tuition) may not participate in class. A minimum of 6 students is required to conduct a class. Participation is on a first-come, first-serve basis and is not guaranteed. All Private Sessions must be paid in advance in order to guarantee the scheduled appointment. Participation in Master Classes/Workshops is on a first-come, first-serve basis and is not guaranteed without advance payment.

I acknowledge and accept the above Selections, Terms and Conditions.

Signature of Student Parent Guardian

Date: _____

Continued →

Student's Name: _____

The Center for Contemporary Dance, Inc.

PAYMENT INFORMATION

Payment Type: Cash (do not send cash by mail) Money Order enclosed Check # _____ enclosed
 Visa MasterCard Discover has been swiped by The Center in the amount of \$ _____

Received By: _____ Date: _____
The Center for Contemporary Dance, Inc.

Online payment in the amount of \$ _____ has been made using Visa MasterCard Discover
 I authorize The Center to charge my Visa MasterCard Discover in the amount of \$ _____

Card Number _____ - _____ - _____ - _____ Expiration Date: _____

Signature of Cardholder _____ Today's Date: _____

Name Printed: _____

Billing Address Associated with this Credit Card: Street Number: _____ Zip: _____

POLICIES AND CONDITIONS

Program Policy: Students must abide by the posted **Policies and Procedures of The Center for Contemporary Dance**. Students will receive regular evaluations throughout their course of study at The Center for Contemporary Dance. Please note that a student's success is directly dependent upon attendance and class participation.

Dress Code: No jewelry or accessories, with the exception of Cultural Classes where culturally-inspired accessories; i.e., sarongs, wrap skirts or scarves, are permitted. Students must wear **black** dance attire to all classes. Hair must be pulled back and away from face. Please refer to the detailed listing of class descriptions for dance attire specific to each class, which may be obtained from a Center Advisor. **The dress code will be strictly enforced.**

Payment Policy: Payments may be made using cash, money order, check or credit card (Visa, MasterCard or Discover). There is a returned check fee of \$35 and student is not permitted to take class and participation cannot resume until outstanding tuition and returned check fees are paid in full. For monthly-based programs, tuition is due on the 28th of each month for the following month. Missed classes will not be refunded. A late fee of \$10 will be charged for payments not made within five (5) days of the due date. Students are not permitted to take class until outstanding tuition and late charges are paid in full.

Tuition and Class Policy: All purchases are final; no refunds or transfers. Students with zero or negative balances on Dance Cards (or unpaid tuition) may not participate in class. A minimum of 6 students is required to conduct a class. Participation is on a first-come, first-serve basis and is not guaranteed. All Private Sessions must be paid in advance in order to guarantee the scheduled appointment. Participation in Master Classes/Workshops is on a first-come, first-serve basis and is not guaranteed without advance payment.

Cancellation and Refund Policy: The Center requires 24-hour notification from students wishing to cancel scheduled Private, Semi-Private or Private Group Sessions; accounts will be charged the full-session rate for cancellations made less than 24-hours prior to the scheduled appointment. All purchases are final; no refunds or transfers. Dance Cards have expiration dates, which may be extended for 30 days, one time only, for a fee of \$5. Private, Semi-Private and Group Sessions have expiration dates, which may be extended for 30 days, one time only, for a fee of \$10.

Studio Closings Policy: The Center will be closed during major holidays as listed on the Class Schedule. The Center will be closed due to inclement weather in accordance with the Orange County Public School System.

I acknowledge and accept the Policies and Conditions set forth above.

Signature of Student Parent Guardian

Date: _____

Student's Name: _____

The Center for Contemporary Dance, Inc.

INSURANCE DISCLOSURE

The Center for Contemporary Dance, Inc. hereby represents that it maintains general liability insurance limited to \$1,000,000 per occurrence and \$2,000,000 aggregate combined single limited for bodily injury and property damage.

WAIVER, RELEASE AND CONSENT

I hereby state that the student is physically and mentally capable of safe participation in The Center for Contemporary Dance, Inc. activities.

To the extent not covered by the above-disclosed general liability insurance, I understand that The Center assumes no responsibility for injuries or illness which the student may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the programs, the use of any equipment, exercise or other activities.

I expressly acknowledge that I assume the risk for any and all injuries and illness which may result from the student's involvement in these activities, whether on or off The Center's premises. I hereby release and discharge The Center, its agents, servants and employees from any and all claims for injury, illness, death and loss or damage which the student may suffer as a result of his/her participation in these activities.

I understand that The Center for Contemporary Dance, Inc. is not responsible for personal property lost or stolen on The Center's premises or any other premises where The Center may conduct its events.

I give my permission to The Center for Contemporary Dance, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings of the student for the purpose of promoting The Center's programs or providing instruction in dance education.

I explicitly give my consent to The Center's instructors to gently lay their hands on the student for purposes of dance instruction.

I acknowledge and accept the Waiver, Release and Consent set forth above.

Signature of Student Parent Guardian

Date: _____

Student's Name: _____

The Center for Contemporary Dance, Inc.

EMERGENCY CONTACT INFORMATION:

Name: _____

Home Phone: _____ Cell Phone: _____

Address (if different from Student): _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship to Student: _____

MEDICAL RELEASE AND HISTORY

For informational purposes only. Student may be required to provide medical authorization prior to participation.

Health Statement	No	Yes	If yes, please explanation
Respiratory problems – Asthma, persistent cough, etc.	_____	_____	_____
Heart problems – High/low blood pressure, chest pain, etc.	_____	_____	_____
Kidney, Stomach, Gall Bladder or Liver problems	_____	_____	_____
Diabetes, Hypoglycemia	_____	_____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	_____	_____	_____
Eye, ear, nose or throat problems – Skin disease	_____	_____	_____
Allergies – Bee stings and bites, plants, food, penicillin, etc.	_____	_____	_____
Nervous disorders – Epilepsy, convulsions, dizziness, etc.	_____	_____	_____
Emotional disorders – Frequent anxiety, excessive fears, etc.	_____	_____	_____
Any hospitalization in the last two (2) years?	_____	_____	_____
Any physically limiting conditions?	_____	_____	_____
Currently taking any medications?	_____	_____	_____
Student WILL be bringing medication to program.	_____	_____	_____
Other: _____	_____	_____	_____

I authorize The Center for Contemporary Dance, Inc. to obtain medical treatment for the student in the event of an emergency.

Signature of Student Parent Guardian

Date: _____

Family Physician/Clinic: _____ Phone: _____

Location: _____