



THE CENTER FOR
CONTEMPORARY DANCE

Rev. 4/5/2010

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

STUDENT INFORMATION:

A separate Registration Form must be completed for each Student.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____ Gender: _____

How did you hear about The Center for Contemporary Dance?

Please mail completed form with check and/or payment information to:

The Center for Contemporary Dance
3580 Aloma Avenue #7
Winter Park, FL 32792

If payment has been made online or credit card information is provided on this form, you may also submit your completed form via fax or email.


Fax: 480-393-4134


Email: Events@TheCenterForDance.org

What do you hope to accomplish through participation in The Center's MoveFit Total Wellness Program?


 **MoveFit Total Wellness Program**

The Center's MoveFit Total Wellness Program is part of the nationwide campaign to provide families with the tools for living stronger and longer. MoveFit is an integrative wellness program that combines dance aerobics, weight-bearing resistance training, nutrition education and creative expression. MoveFit is about TOTAL wellness...for the body, mind and spirit. And the best part is, MoveFit is designed to meet the individual needs of each member of your family – from children as young as 6 to older adults, including those with ZERO dance experience!

 **Monthly MoveFit (\$110)** Anticipated Start Date: _____ **Tuition: \$** _____
30-day access to unlimited dance fitness classes and weekly group nutrition class.

 **Monthly MoveFit-PLUS (\$175)** Anticipated Start Date: _____ **Tuition: \$** _____
30-day access to unlimited dance fitness classes and weekly group nutrition class, PLUS one monthly private nutrition session with certified nutrition counselor.

 **Best Value!**

 **14-Week MoveFit-TOTAL Program (\$550)** Anticipated Start Date: _____ **Tuition: \$** _____
All fitness classes and group nutrition classes, AND four private nutrition sessions.

ONE-TIME \$20 REGISTRATION FEE (all new students) + \$ _____

TOTAL: \$ _____

PAYMENT INFORMATION

Payment Type: Cash (do not send cash by mail) Money Order Check # _____

Visa MasterCard Discover **Total amount paid: \$** _____

Received By: _____

Date: _____

The Center for Contemporary Dance, Inc.

Continued →

Student's Name: _____

The Center for Contemporary Dance, Inc.
MoveFit Total Wellness Program

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

Registration: A separate form is required for each student. (Total payment amount may be combined.)

Online: Guests who register online must finalize registration by downloading and mailing completed Registration Forms to the address noted on the front of this form. Registration materials may also be sent by fax to (480) 393-4134 or email to Events@TheCenterForDance.org.

By Mail: Download and mail completed Registration Form along with payment to the address noted on the front of this form.

By Phone: Please call (407) 695-8366.

In Person: Visit The Center for Contemporary Dance during administrative hours, Monday-Thursday from 2pm to 8pm, and Saturday from 10am to 3pm.

Program Policy: Students must abide by the posted **Policies and Procedures of The Center for Contemporary Dance**. Students will receive regular evaluations throughout their enrollment in The MoveFit Total Wellness Program. Please note that a student's success is directly dependent upon dedicated participation in the Program.

Dress Code: No jewelry or accessories are permitted. Students must wear **black** attire comfortable for movement to all classes. Hair must be pulled back and away from face. Please refer to the detailed listing of class descriptions for 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/or late charges are paid in full.

Tuition and Class Policy: All purchases are final; no refunds or transfers. Students with outstanding tuition fees and/or late charges 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 Sessions; students will be charged for cancellations made less than 24-hours prior to the scheduled appointment. All purchases are final; no refunds or transfers.

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 above Selections, Terms, Policies and Conditions set forth above.

Signature of Student, or Parent/Guardian (if under 18 years)

Date: _____

Student's Name: _____

The Center for Contemporary Dance, Inc.
MoveFit Total Wellness Program

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, or Parent/Guardian (if under 18 years)

Date: _____

Student's Name: _____

The Center for Contemporary Dance, Inc.
MoveFit Total Wellness Program

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, or Parent/Guardian (if under 18 years)

Date: _____

Family Physician/Clinic: _____ Phone: _____

Location: _____