



STUDENT INFORMATION:

A separate Registration Form must be completed for each new student.

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?

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

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

Payment may also be made by phone or in person using Visa, MasterCard or Discover. To register by phone, call **(407) 695-8366**. Registration forms may be hand-delivered, faxed, or e-mailed.

Fax: (480) 393-4134
Email: Events@TheCenterForDance.org

SUMMER DANCE & ARTS CAMP

Thursday, July 8 – Friday, August 13, 2010 (10 a.m. – 2:30 p.m.)

Any single week: \$110 ■ Three or more weeks: \$100/week

PRIMARY (AGES 5-8) – Thursday, July 8 – Friday, August 13, 2010

Tuition: \$ _____

- Thursday, July 8 – Friday, July 9 (no camp July 5-July 7) PRORATED TUITION: \$45
- Monday, July 12 – Friday, July 16
- Monday, July 19 – Friday, July 23
- Monday, July 26 – Friday, July 30
- Monday, August 2 – Friday, August 6
- Monday, August 9 – Friday, August 13

A minimum of 10 students is required to conduct any single camp week.

ELEMENTARY (AGES 9-11) – Thursday, July 8 – Friday, August 13, 2010

Tuition: \$ _____

- Thursday, July 8 – Friday, July 9 (no camp July 5-July 7) PRORATED TUITION: \$45
- Monday, July 12 – Friday, July 16
- Monday, July 19 – Friday, July 23
- Monday, July 26 – Friday, July 30
- Monday, August 2 – Friday, August 6
- Monday, August 9 – Friday, August 13

A minimum of 10 students is required to conduct any single camp week

PLUS REGISTRATION FEE: Required for all NEW students + \$ _____ 20

TOTAL: \$ _____

EARLY DROP-OFF/LATE PICK-UP: Not included in tuition fees are early drop-off (no earlier than 9:00 a.m.)/late pick-up fees of \$5 per hour, up to a maximum of 3 hours (\$15) per day. Payment for this service can be made on the first day of class. Please indicate your needs:

Student's Name: _____

The Center for Contemporary Dance, Inc.
Summer Camp/Intensives 2010

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

Registration: A separate form and registration fee are required for each student. (Total payment amount may be combined.)

Online: Students may register for one or more weeks in each three-week Dance Camp/Intensive. 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 participating in Intensives 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 & Important Items to Bring: Students must wear **black** dance attire to all classes; no jewelry or accessories. Hair must be pulled back and away from face. Please refer to the detailed listing of class descriptions for attire specific to each class. **Students must bring the following to each camp/intensive day:** 1) bagged lunch/snacks and bottled water/drink, 2) towel, 3) change of dance clothes and toiletries as needed, and 4) blank journal/notebook.

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.

Tuition and Class Policy: Tuition and fees must be paid in full prior to attendance. Missed days from camps/intensives cannot be made-up and tuition is non-refundable. Not included in tuition fees are early drop-off/late pick-up fees of \$5 per hour, up to a maximum of 3 hours (\$15) per day. Payment for this service can be made on the first day of class. Please indicate your need for early drop-off/late pick-up on the registration forms.

I acknowledge and accept the above Selections, Terms, Policies and Conditions set forth above.

Signature of Parent, Guardian or Student (if 18 or older)

Date: _____

Continued→

Student's Name: _____

The Center for Contemporary Dance, Inc.
Summer Camp/Intensives 2010

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 Parent, Guardian or Student (if 18 or older)

Date: _____

Student's Name: _____

The Center for Contemporary Dance, Inc.
Summer Camp/Intensives 2010

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 Parent, Guardian or Student (if 18 or older)

Date: _____

Family Physician/Clinic: _____

Phone: _____

Location: _____