

CMC DANCE COMPANY

6092 ROUTE 31, CICERO, NY 13039 315.699.2355

GROWN-UP & ME REGISTRATION FORM

DATE _		7000		☐ NEW	RETURNING		
CHILD NAME				□ FI	EMALE MALE		
DATE OF DIDTH							
DATE OF BIRTH	AGE AS OF REG DATE						
GROWN-UP NAME(S)							
ADDRESS					NEW ADDRESS		
_	10		1				
-	1	0/ /					
RELATIONSHIP:							
MOM CELL		DAD CELL		OTHER	CELL		
EMAIL ADDRESS 1*	D/-		87 m		*REQUIRED*		
EMAIL ADDRESS 2			14.07				
		1000					
			XPERIENCE-W	HERE TINY DANCER	EXPRESSION THROUGH S TAKE THEIR FIRST STEPS		
WEDNESDAYS 10/1/2025 - 11/19/2	025	10:00 – 10:45 AN		\$96	S DUE AT REGISTRATION. D FOR MISSED CLASSES		
PARENT NAME OR PERSO	N RESPON	SIBLE FOR ACCOUNT	(please list	if more than 1 perso	on is responsible)		
NAME				ELL PHONE			
ADDRESS							
NAME			C	ELL PHONE			
ADDRESS							
		SIGNED	1				
		SIGNED	PARENT OR	PERSON RESPONSIBL	E FOR ACCOUNT		
			READ & S	SIGN REVERS	E SIDE -		
OFFICE USE ONLY		☐ CASH	СС	REC'D BY	DATE		
AMOUNT \$	_ UN#	☐ Cash	C C	LEC D DY	DAIL		

PAYMENT POLICY

All payments are due at the time of registration and are non-refundable. The fee for a returned check is \$45. Please <u>Do Not</u> leave cash at the front desk if nobody is there to accept it.

Should this provision have to be enforced by legal means, the undersigned person(s) is responsible for payment, as liquidated damages, the costs of collection, plus interest at the legal rate and reasonable attorney's fees as determined by the Court.

DANCE ATTIRE

Comfortable clothing. Participants can wear sneakers or go barefoot.

ATTENDANCE

Grown-Up and Child should arrive promptly. Keep absences down to a minimum for optimal learning. No refund for a missed class.

CANCELLATION OF CLASSES

Are non-refundable. Our cancellation policy is if the CNS school district is closed or implements an early dismissal due to weather we are closed. If the CNS school district has a one hour delay we are open, if the CNS district is on a 2 hour delay, evening classes will be held. Please check the CMC website or our Facebook page for class status.

MEDIA USE RIGHTS PERMISSION

I understand and authorize the use of any pictures taken at CMC Dance Company related events for use in print ads, social media, website, and other forms for purposes of advertising and promotions by the CMC Dance Company.

I have read and understand the above referenced policies and agree to abide by the guidelines.

PERSON RESPONSIBLE FOR ACCOUNT					
Signature:	Date:				
Print Name:	-				
INJURY WAIVER AND GENERAL RELEASE FORM					
By signing your name below as a participant, and/or parent/legal guardian of					
(Participant Name):					
you acknowledge that participation in the program exposes you to a possibility of personal injury. You, being fully aware of these possible risks of personal injury, release CMC Dance Company, Inc., their directors, officers, employees, agents, licenses, subsidiaries, consultants, independent contractors, and affiliates from any and all liability from personal injury, property damage, or other claims arising from or in connection with your participation in the program that are known and unknown, unforeseen, future or contingent.					
You acknowledge that you have read and fully understand the injury waiver and general release form. This agreement shall be binding to you, your spouse and/or your child.					
Parent/Guardian Signature:	Date:				
Print Name:					