

# **CMYB Registration Form**

**443-472-7772 www.cmyb.org**

**\*Annual Registration Fee \$30**

**\*Please complete both sides of this Form**

**\*CMYB accepts Cash and Checks Only**

**Make all checks payable to: CMYB**

**Mail to: CMYB  
9570 Berger Rd. Suite A  
Columbia, MD 21046**

Student's Name: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Additional or Cell Phone: \_\_\_\_\_

Class/Level: \_\_\_\_\_

Day/Time: \_\_\_\_\_ Amount Due: \_\_\_\_\_

How did you hear about CMYB? \_\_\_\_\_

## **Tuition Policies:**

All payments are due on or before the first class. Past Due accounts will be charged an additional finance charge of **1.5%** per month. It is further agreed that the Parent/Legal Guardian shall pay reasonable collection/attorney fees or should this contract be referred for collection to any third party and any court costs incurred in connection with such delinquency. Any changes to this agreement must be agreed to by both parties in writing.

Any check or money order returned by the payer's financial institution will result in a return fee of not less than \$35.00. Payments not made by the close of the first day of class are subject to a late fee of \$50.00.

**Make-up Policy:**

Make-up classes are allowed within the 2017 – 2018 CMYB School Year (09/05/17 – 06/16/18). Dancers can take make-up classes at their own level or one level below.

**Release of Liability:**

I, the adult applicant or I, the parent or legal guardian of the enrolling student listed herein, hereby give approval of the applicant's participation in any and all Central Maryland Youth Ballet programs and activities for which they are registered and assume the risks associated with those activities, and agree to pay tuition in a

regular and timely fashion. I waive, release, absolve, indemnify and agree to hold harmless CMYB, it's directors, faculty, contracted instructors, participants, school/performance locations and persons involved in the operation of Central Maryland Youth Ballet's programs for any claims, demands or causes of action which are in any way connected with, or may arise from the participation of the applicant in these activities, including but not limited to any injury or other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator.

I also give permission for Central Maryland Youth Ballet to take photos and/or video of me or my child to use for the CMYB website and for purposes of promoting the school.

**\*I have read and agree to Tuition Policies and the Release of Liability.**

**Student's Name (Please Print):** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inclement Weather Policy:**

**Classes will not be held when Howard County Public Schools are Closed.**