REGISTRATION FORM

Please mail completed registration form with payment to:
Centre of Movement
21 Newton Drive, Gorham, ME 04038

www.cmdans.org - (207) 209-0758

Name of Student_____ Age_____Birthdate_____
Address_____
Phone #s _____
Email_____
Parent/guardian_____
Parent/guardian_____
Special info (allergies, etc.)_____

Class	Location	Day	Time	Amount
				Reg. Fee
				Total

Please select how you would like to receive notifications from the Centre
Electronic ☐ Mail ☐
PAYMENT METHOD
Check #:_____ Amount Enclosed: $_____ Date:_____

*Please make check payable to Centre of Movement
*Tuition is non-refundable unless class is cancelled or rescheduled by the Centre.
*A $20.00 fee will be charged for any check returned for insufficient funds/non-payment.

I give the Centre of Movement permission to use photos/video of above student(s) for educational or promotional purposes.
Liability Disclaimer: the Centre and instructors are not liable for personal injuries or loss or damage to personal property. Since this is physical activity, injuries may occur. Each student may decline to participate in any activity that he/she feels may be harmful and is also responsible to inform the instructor of any physical limitation which my prevent full participation in class.

_____
Signature (Parent/guardian if under 18) Date