PROACTIVE
Medically Based Health and Fitness

ProActive Fitness & Dance Registration Form (One per Dancer)

Dancer's Name: _____ Date: _____

Guardian's Name (if dancer under 19):_____ Gender: M F Age: _____ DOB: _____

Address: _____ Zip: _____

Phone Home: _____ Work:_____ Cell:_____ Email:_____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

ProActive Member: Y N TOTAL CLASS HOURS: _____ MONTHLY TUITION: _____

TERMS AND CONDITIONS

1. Dance enrollment is based on a month-to-month arrangement. A dancer may resign from dance classes by providing a written notice to Madonna ProActive. The Cancellation Request Form is available from Dance Instructors or at the Front Desk.

2. Dance tuition is not prorated in the final month of class enrollment; therefore a dancer's resignation becomes effective on the first day of the month following receipt by ProActive of the written notice from the dancer or guardian.

3. Prior to the effective date of class resignation, the dancer shall be responsible for the payment of all tuition, fees, and other charges due to ProActive. Dance tuition is non-transferable and non-refundable.

4. ProActive retains the right to suspend or cancel dance enrollment and/or impose fines of $25.00 plus costs on any dancer for violation of the following rules:
    a. Theft, damage or destruction of ProActive property or the property of other dancers.
    b. Failure to pay tuition or charges when due, including but not limited to returned checks or
    c. Credit card payments for which no charge authorization is obtained.
    d. Fighting with or harassing other dancers, staff, or guests.
    e. Conduct or behavior found to be offensive or unacceptable to ProActive management, in its sole discretion.
    f. Violation of ProActive policies, including those implemented after the signing of this application.

5. The dancer acknowledges and accepts the risk inherent in the use of ProActive services and facilities. By using ProActive the dancer hereby assumes the risk of injury, accident, death, disability, loss, and cost or damage to his or her person or property that may arise from the use of the ProActive services or facilities.

6. The dancer declares his or herself to be physically sound and suffering no physical impairments, conditions, or illness that would prevent participation in an exercise program at ProActive. ProActive assumes no responsibility for the dancer's personal safety and hereby releases ProActive, its officers, directors, agents, and employees from any and all liability which may arise directly or indirectly from any damages to person or property as a result of participation in exercise and/or use of ProActive.

My signature indicates I have read and fully understand all the terms and conditions of this registration.

Printed Name: _____ Signature: _____

Guardian's Signature (if dancer under 19): _____

PROACTIVE
Medically Based Health and Fitness

MONTHLY DRAFT AUTHORIZATION FORM
ProActive Fitness & Dance

Dancer's Name(s): _____

Parent/Guardian Name: _____ ProActive Member: NO YES

Home #:_____ Work #:_____ Cell #:_____ Best Time to Call: _____

Parent/Guardian Email: _____

Registration Fee Payment

Dancer's Name: _____ Registration Fee: _____

Dancer's Name: _____ Registration Fee: _____

Other: _____

Paid By: Total: _____

Check #: _____ CTA CASH

Credit Card: VISA MC AMEX DISC

CC #: _____

Exp: _____ Card Holder: _____

Signature: _____

Registration Fees:
Fall Season: $15 1st Dancer; $10 2nd Dancer; $5 each add'l
Summer Season: $10 1st Dancer, $5 2nd and each add'l

ProActive Members: The auto pay draft information on file for your membership dues will be used for monthly tuition payments. There is no need to provide new financial information.
Non-Members: Monthly tuition payments will be automatically drafted on the 2nd business day of each month using the financial information provided below.

☐ **ProActive Members:** My Initials Indicate to Use Existing Account on File: _____

☐ **Checking/Savings Account:**

ATTACH VOIDED CHECK HERE

Please check the type of bank account [ ] **Checking** [ ] **Savings**

Financial institution: _____

Name on account: _____

Account #: _____

Routing #: _____

☐ **Credit/Debit Card:**

Check one [ ] **Visa** [ ] **Master Card** [ ] **American Express** [ ] **Discover**

Name on account (Please Print): _____

Account #: _____ Expiration Date: _____

1. If, for any reason, any draft is not honored by my bank or credit card, I understand I am responsible for said payment plus a $25.00 ProActive service fee. This is in addition to any bank service fees.
2. All requests for refunds or credits due as a result of information shown on bank statements must be made within thirty (30) days of the bank statement date.

By signing below, I authorize Madonna Rehabilitation Hospital to initiate electronic debit entries to the account(s) as indicated above. This authority will remain in effect until cancelled in writing.

My signature indicates I understand the terms related to this document and I agree to be bound thereby. I verify the above financial information is accurate and understand the fees will be drafted each month.

Signature: _____ Date: _____
(Must be the person who the account or card is issued to.)

ProActive Staff Initials: _____

PROACTIVE
Medically Based Health and Fitness

Consent to Interview and/or Make and Use Photographs or Recordings

Release or Display of the Information and/or Images

I _____ hereby give my consent to interviews and/or to have photographs, videos or other images made of myself for the following purposes:

____ Interviews and/or photography for public relations materials created by Madonna ProActive staff.

____ Interviews and/or photography with the news media.

____ Interviews and/or photography requested by the Dancer or family for their own use and conducted by a third party.

This permission is granted:

____ Ongoing until _____ (date or event)

____ For one-time only _____ (date)

Dancer's Signature_____ Date:_____

Signature of Dancer's Guardian (if Dancer is under the age of 19).

_____

E-mail:_____Phone:_____

_____

Mailing Address (City, State, Zip)