



2011-12 Registration Form

Today's Date ____ / ____ / ____

Student's First & Last Name _____ M / F
Birthdate ____ / ____ / ____ Current Age _____
School _____ Upcoming Grade _____
Address _____
City _____ Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address _____

Mother's First & Last Name _____
Employer _____
Address _____
City _____ Zip _____
Work Phone _____ Cell/Pager _____

Father's First & Last Name _____
Employer _____
Address _____
City _____ Zip _____
Work Phone _____ Cell/Pager _____
Emergency Contact Full Name & Phone # _____ / _____

Are there any health issues or medical conditions the school and instructor should be aware of? If yes, please list/describe.

How did you hear about the school? A Friend Internet Other

ENROLLMENT INFORMATION:

Session #	Class (es)	Day	Time	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REQUIRED: Credit/Debit Card Number# ____ / ____ / ____ / ____
(\$35 Registration Fee will be charged) Expires: ____ / ____ / ____ PIN # _____

A credit card must be on file for all accounts. The credit card on file will be charged, if payment is not received by the 10th of each month.

- _____ Please charge my registration fee & my monthly tuition rate of \$ _____ the 1st of each month for the 2011 - 2012 dance year, which runs for 10 payments from August 1 to May 1 (recital in June). Classes begin the 3rd monday in August.
- _____ Please charge only my \$35 registration fee to my credit card.
- _____ Please charge an additional amount of \$ _____ as a monthly payment towards 2012 recital costume(s) and/or 2011/12 competition team fees.

Signature: _____ Date ____ / ____ / ____
The issuer of the card identified is authorized to pay the amount shown as TOTAL UPON proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

The registration must accompany a \$35 annual registration fee per student (\$20 per each additional sibling). Please PRINT eligibly. One Registration Form per Student. Return by Mail (CSD, PO Box 1888, Parker, CO 80134), on-line at www.coloradoschoolofdance.com, or register in person at the office.

Read & Sign Below: POLICY AGREEMENT

I have read, and understand the policies and procedures listed in the Colorado School of Dance Program Guide and on the website. I understand there are no refunds for tuition, costumes, recital tickets, competition fees and registration fees. I also understand that a School Communication Form (available at school office) must be completed, signed and returned to the school office two weeks prior to withdrawing from a class. I understand that I will be responsible to pay tuition for the two weeks following the date of written notice. I also understand and agree the credit card provided will be charged if my account is in default (not paid by the 10th of each month), including tuition, costume and competition fees. A \$39.00 late fee will be assessed for unpaid tuition and competition fees (if applicable) after the 10th of each month.

PHOTO WAIVER

I hereby permit the Colorado School of Dance to use pictures taken in class or at performances, in which myself/or my child may appear, in the slide show at the annual recital and/or for purposes of communications and literature about the school.

ASSUMPTION OF RISK & RELEASE AND LIABILITY WAIVER

I, _____, legal representative of _____, hereby waive any and all liability of Colorado School of Dance, LLC, the employees, agents, managers and owners, that may arise while on the premises, or in class including illness, injury or death. I authorize Colorado School of Dance, LLC, of Parker, CO 80134, the employees, agents and owners to instruct me/my child(ren) in dance and related activities while I recognize and understand the inherent dangers associated with such activities. I hereby release and absolve Colorado School of Dance, LLC, its employees, agents, managers and owners from all claims and causes of action arising during activities at the school. I understand there is an assumption of risk which I/my child are taking during dance and related activities, and injuries, illness and fatalities may arise during such activities.

I have read the above and release the Colorado School of Dance from all liabilities. I have read the studio policies and procedures and agree to follow the studio's policies as stated in the Program Guide. I understand I am responsible for payment due, and will give two weeks written notice if I choose to discontinue services. I understand the school does not prorate for absent classes, severe weather cancellations or other severe circumstances out of the control of the school's operations.

Signature _____

Date ____ / ____ / ____

OFFICE USE: Received ____ Entered ____ Note _____