



2010-11 Registration Form

Today's Date ___/___/___

Student's First & Last Name _____ M / F
Birthdate ___/___/___ Current Age _____
School Attending: _____
Grade/Track in 2010/11 ___/___
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 ___ Yellow Pages
___Advertisement ___Location ___Internet

ENROLLMENT INFORMATION:

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

Required: Credit Card Number# ___/___/___/___
(\$35 Registration per student) Expires: ___/___

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 credit card account with my monthly tuition rate of \$_____. the 1st of each month for the 2010 - 2011 dance year.

_____ Please charge only my registration fee to my credit card.

_____ Please charge the amount of \$_____ as a monthly payment towards my 2011 recital costume(s) and/or 2010/11 competition team fees.

Signature: _____

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 be accompanied by a \$35 annual registration fee per student. 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.

Initial & Sign Below:

_____ POLICY AGREEMENT - Required

I have read, and understand the policies and procedures listed in the Colorado School of Dance Program Guide. 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 accessed 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 - Required

I, _____, (the legal representative of my child), hereby waive any and all liability of Colorado School of Dance, LLC, the employees, agents 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 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.

_____ *Yes, 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.*

SIGN

HERE _____

OFFICE USE:

Received by: _____ Entered by: _____ Reg. Paid _____

Other: _____