

For Office Use Only:	пΕ	□P	$\square R$	$_{\square}L$
Date Received:				
Invoice #:				
Household ID #:				

## Spring 2014 – Academy Registration Return in person, mail, email, or by fax to Colorado Ballet Academy with tuition due.

Today's Date:	Student E	thnicity (Optional):	
First Name:		e:	
Date of Birth:		C-Mail (required):	
	_		
Address:		State:	-
Home phone:	Student C	Cell Phone:	
How Did You Hear About us (circle on	e)? Email Friend Facebo	ook Flyer Promo Performa	ance Other
Family and Emergency Conta	act Information:		
Parent/Guardian 1's First Name: _	Last:	Contact Phone:	
Parent/Guardian 2's First Name: _	Last:	Last: Contact Phone:	
Please list any relevant allergies (envi	ronmental, food, or drug):		
I wish to registe	er for the Spring Academy Se	ssion: January 21 – May	17, 2014
Class Drop In (\$15)	4 Class Punch Card (\$57)	10 Class Punch Card(\$125)	Full Tuition
1 <sup>st</sup> Class	Day(s):	Tuit	ion:
2 <sup>nd</sup> Class	Day(s):	Tuition:	
3 <sup>rd</sup> Class	Day(s):	Tuition:	
		Tuition:	
4 <sup>th</sup> Class	Day(s):		
4 <sup>th</sup> Class SPRING SHOWCASE F	FEE Showcase Fee \$7		\$ \$

## Waiver:

By signing up for classes with Colorado Ballet Academy and Colorado Ballet (hereinafter referred to collectively as Colorado Ballet), I and my family agree to observe and obey all posted rules and warning and further agree to follow any instructions or direction given to me by my instructors or the employees, representatives or agents of Colorado Ballet.

I recognize that there are certain inherent risks associated with Ballet and other forms of Dance and I assume full responsibility for any injury to myself that may occur while receiving training with Colorado Ballet and further release Colorado Ballet and its employees, representatives or agents for any injury, loss or damage arising from my use of the facilities whether caused by the fault of myself, my family, Colorado Ballet or other affiliated parties.

I agree to indemnify and defend Colorado Ballet against all claims, causes of action, damages, judgments, costs or expense, including attorney fees and other litigation costs, which may in way arise from my or my family's use or training at Colorado Ballet.

Academy classes are open to all students meeting minimum age requirements. The Academy accepts students without regard to race, sex, religion, national origin or disability. The Academy reserves the right to cancel or reschedule any classes not meeting minimum enrollment requirements. Students will be notified of any cancelled or rescheduled classes. Registered student also consents to the use of photographic or video graphic images for Colorado Ballet publicity purposes.

## **Refund Policy:**

Registration fees are non-refundable. 100% tuition reimbursement will only be processed before the first week of classes. Special cases and approved refunds will receive 50% tuition reimbursement will be processed between the first week and the fourth week of the semester. Any withdrawal after the first month of the semester is not subject to a refund. All refunds and credits will take up to 3-5 weeks of processing time and will not be issued without a signed Drop/Add form. Registration fees, punch cards, gift cards, and worn merchandise are nonrefundable. Accounts withdrawing after the start of the semester, with previously waived registration fees, may incur a registration fee. If refunds are needed, check and credit card payments refunds may be issued back in the original form of payment. There will be a \$25 withdrawal fee issued to those withdrawing after the start of the classes or camp.

By signing, I have read and agreed to the above waiver and refund policy.

Student Name (please print):

Student/Guardian Signature:

Date:

Spring 2014 PAYMENT INFORMATION

Make Checks Payable to: Colorado Ballet Academy

Spring payments are to be paid in full by the beginning of the semester, monthly tuition is only offered via 4-month auto-pay by credit/debit card. Students with pending balances after the 2<sup>nd</sup> week of classes will incur a \$35 late payment fee and risk being dropped from the class.

Payment Option 1: Pay in full with cash, check, or credit/debit card by January 24<sup>th</sup>, 2014.

**Payment Option 2:** Enroll in a 4 month auto-pay with credit/debit card by January 24<sup>th</sup>, 2014. Auto pay is subject to a \$10 monthly payment fee.

**Spring 2014 Auto-Pay Dates:** 

**Auto-Pay Month 1:** First Day of Enrollment **Auto-Pay Month 3:** Wednesday March 5<sup>th</sup> **Auto-Pay Month 4:** Saturday April 5<sup>th</sup> **Auto-Pay Month 4:** Saturday April 5<sup>th</sup>

I wish to pay by payment option (circle one): Payment Option 1 Payment Option 2

## CREDIT CARD INFORMATION FOR BOTH AUTO-PAY AND NON-AUTO-PAY TUITION PAYMENTS:

Charge credit card for \$	Charge my card on or after this date:		
Card Number:	Expiration:	CV2:(3 or 4 digit code)	
Name Appears on Card:	Street Address + Zip	(If different than above)	
Signoturo	Data	(	