

THE SCHOOL OF ASPEN SANTA FE BALLET

Today's Date _____

Last Name: _____ Age (optional): _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Email address is required in order to notify students of snow days and class cancellations.

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Person responsible for payment: _____

PAYMENT IS BY CREDIT CARD ONLY, WE ACCEPT VISA AND MASTER CARD (circle one)

Name as it appears on card: _____

Card Number (do not write "on file"): _____

Signature of card holder _____ Exp. Date: _____

CLASS INFORMATION: Class cards are available for \$140 for 10 classes. Please indicate the classes you plan on attending, though punches can be used for any adult class.

Class	Day	Time	Tuition
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Registration Fee	\$ _____ \$25 _____
		Total Tuition	\$ _____

Please note drop in fee of \$16.00 will not require a registration fee.
Upon receipt of this registration form, full tuition and registration fee will be charged to your card.

0245 Sage Way * Aspen, Colorado 81611 * Tel: 970-925-7175 * Fax: 970-925-1127 * www.aspensantafeballet.com

PLEASE READ AND SIGN THE REVERSE SIDE

School and Tuition Policies

- **PAYMENT.** *The School of Aspen Santa Fe Ballet* is a non-profit organization with limited resources. Tuition is to be paid in advance and in full. A 10 class card is \$140.00 and is valid for one year after day of purchase. In the event the dance card is not presented at the class time, a \$16.00 drop in fee will be charged.
_____ (please initial)

- **ANNUAL REGISTRATION FEE.** A fee of \$25.00 will be charged per student at the beginning of the school year to cover administration costs. The term is from beginning of September to end of May. If you are dropping in a class no registration fee is required. _____ (please initial)

- **WAIVER.** “I understand that there is a risk of personal injury associated with dance classes. I represent that the above named participant is in good health and physically capable of participating in dance classes. On behalf of myself, I hereby waive and release any claim against *The School of Aspen Santa Fe Ballet*, employees and contractors, arising out of personal injury occurring in connection with classes, or otherwise occurring in or around the dance school or other location of classes. I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the participant in the event of personal injury. In the event of an injury or other medical emergency, I authorize *The School of Aspen Santa Fe Ballet* to seek any medical assistance reasonably required and agree to be responsible for medical expenses incurred on behalf of the participant.” It is understood that the teaching of dance requires a certain amount of physical contact between student and teacher. I acknowledge that such physical contact is inherent in the teaching process and is not intended to be inappropriate.
_____ (please initial)

Participant’s Signature (18 years or older):

X _____ **Today’s Date:** _____