

**Blue Springs Ballet, Inc. Automatic Payment Consent Form**

Students Last Name: \_\_\_\_\_ Students First Name: \_\_\_\_\_  
Parents Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby authorize **Blue Springs Ballet, Inc.** to charge my account in the amount of:

\* \$ \_\_\_\_\_ on the first day of each month starting Sept 1, 2022 and ending May 1, 2023

\* \$ \_\_\_\_\_ on the 24<sup>th</sup> day of each month starting Aug 24, 2022 and ending April 24, 2023

\* \$ \_\_\_\_\_ for registration fee on (today’s date) \_\_\_\_\_

- Continuing student. Please use current account on file. (Registration is non-refundable)
- Please use my current account on file for \$35.00 Fall registration payment.
- Please use my current account on file for \$45.00 Fall registration payment. (Family rate)
- Check is enclosed for \$35.00.             Check is enclosed for \$45.00. (Family Rate)

I hereby authorize the studio to electronically charge my account on file a fee of \$20.00 for payments returned for NSF ( non-sufficient funds ).

I will give Blue Springs Ballet, Inc. **one months written notice** from the first of the month to discontinue these charges.

**Waiver:** I am aware that injuries may occur when a student is involved in physical activity. By signing I agree I will not hold Blue Springs Ballet Inc, Melissa Morris, Erica Richardson or any instructor at Blue Springs Ballet Inc liable for any injury or COVID-19 infection that may occur on the premises or while involved in dance related activities at other locations and I waive the right to take legal action. This includes parents, guardians or siblings who may be waiting while student dances. I authorize the instructors at Blue Springs Ballet Inc to take any steps needed in the event of an emergency.

\*\* \_\_\_\_\_ *Date* \_\_\_\_\_  
***Signature of Parent / Guardian and or Responsible Party***

**METHOD OF PAYMENT**

- Checking Account--attach void check here
- Visa             MasterCard

\_\_\_\_\_  
Card Number    Expiration Date

\_\_\_\_\_  
Card Holder’s Name ( Printed )                  Card Holder’s Signature  
kenstone

**PLEASE LIST CLASS CHOICE, DAY AND TIME IN ORDER OF PREFERENCE.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_