

Blue Springs Ballet, Inc.

Automatic Payment Consent Form

Students Last Name: _____ Students First Name: _____ Birthdate: _____
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, 2024 and ending May 1, 2025
- * \$ _____ on the 24th day of each month starting Aug 24, 2024 and ending April 24, 2025
- * \$ _____ 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*
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PLEASE LIST CLASS CHOICE, DAY AND TIME IN ORDER OF PREFERENCE.

Total # of Classes: _____
1st Choice: _____ **2nd Choice:** _____ **3rd Choice:** _____

