

Student Name: _____ Home Ph: _____ Email: _____
(Email of parent if student is under 18)

Address: _____ City: _____ Province: _____ Postal Code: _____

Age: _____ Birthdate: _____ School Grade: _____ Gender: M F
Day / Month / Year

Group Class/Ensemble: _____

Parents or Guardians _____ Home Ph: _____ Bus/Cell Ph: _____ Email: _____
(If under 18) _____ Home Ph: _____ Bus/Cell Ph: _____ Email: _____

Total Fees Enclosed: \$ _____

Photo Consent: I hereby give consent to CSMA and CMU for using, reproducing and disclosing photographs of the above registered student in their publications, promotional and marketing material and on their website.

Yes, I give photo consent. Signature: _____ No, I do not give photo consent.

Please complete payment information at bottom of page.

- Policies:**
1. PAYMENT MUST BE SUBMITTED IN ADVANCE. A **\$50** administration fee will be added when complete fees are not submitted by the 1st class.
 2. ALL REFUNDS are subject to a \$15 administration fee.
 3. MISSED CLASSES: Refunds will not be issued for classes missed by the student.
 4. WITHDRAWAL POLICY: Four (4) weeks written notice must be provided for withdrawal from classes that are more than 10 weeks in duration. Tuition is payable for the duration of the four week period whether or not the classes are attended. No refunds are issued upon withdrawal from classes that are 10 weeks or less in duration.
 5. NSF cheques are each charged a \$26 fee.

RELEASE AND WAIVER: In consideration of the Canadian Mennonite University accepting this application, and providing instruction through the Community School of Music & the Arts, I, _____ on behalf of myself, my heirs, executors, administrators and assigns, (student or parent, if student under 18) release the Canadian Mennonite University, its respective servants, agents or employees from and against any and all claims, demands, damages, actions or causes arising out of or in consequence of any loss, injury or damage to myself or my property incurred while attending or participating in the Community School of Music & the Arts, except to the extent that such loss, injury or damage may have arisen by reason of the gross negligence of the Canadian Mennonite University, its servants, agents or employees. Without limiting the generality of the foregoing, I further waive any claims for losses, injuries or damages which I or my heirs, executors, administrators and assigns, may have against the Canadian Mennonite University as a result of my involvement in the Community School of Music & the Arts. I have read, I understand and I agree to abide by the aforementioned stipulations.

Signature _____ On behalf of: _____ Date: _____
(Parent/Guardian if student is under 18 years of age) (name of student)

Payment: (Please indicate your choice)

MasterCard **Visa** full payment quarterly (Sept., Nov., Jan., Mar.)

Cheque(s) full payment *quarterly (Sept. 1, Nov. 1, Jan. 1, Mar. 1) *monthly (Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, Mar. 1, Apr. 1)

Please make cheques payable to Canadian Mennonite University.

Cash full payment only

Credit Card Number: _____ Auth. Number: _____ Exp. Date: _____

Name of Cardholder: _____ Signature: _____

For office use: Instructor: _____ Day: _____ Time: _____ Rate: \$ _____ X # classes _____ = \$ _____

Date received: _____ Payment received _____