

Authorization to Use Title IV Funds for Club Sports Dues and Payment Agreement

(Please print)

Student Name: _____ Student ID#: _____

Regis Email Address: _____@regis.edu Telephone: _____

I authorize Regis University to apply Title IV Federal Student Aid funds to my student account charges for Club Sports dues. I understand that this authorization will remain in effect for the entire period during which I am enrolled at Regis University and for which I re-enroll in club sports each semester or year. This authorization will remain on file in Enrollment Services. I may rescind the authorization to apply federal financial aid funds to these dues at any time.

Club Sports dues will vary in price depending on the club team and depending on the year/semester. Check with your team's leaders or coaches to determine the amount for club dues each year/semester.

Once your student account has been charged for Club Sports dues, you will be responsible for paying the charges by the specified due dates (your coaches and leaders will know the due dates). Refunds will only be considered on a case-by-case basis in the event of injury. If a student has played on a team for more than 16 weeks (for yearly dues) or 8 weeks (for semester dues), refunds will not be given even in the case of injury.

I understand that upon non-payment of the club sports dues as stated, Regis University may declare the balance due and payable. I understand that failure to pay the club sports dues outlined in this contract will result in my account being sent to external collection agencies. In the event that the balance is placed in the hands of an attorney for collection through legal proceedings or otherwise, I agree to pay late fees, attorney fees, court costs, collection agency fees and all other applicable charges to Regis University. I understand that this electronically signed contract is equal to a loan and is not dischargeable in bankruptcy. This agreement shall be governed by Colorado law, excluding its conflicts of law's provisions. Should I default, Regis University and its respective agents reserve the right to report defaulted information to the credit bureaus.

I understand that Regis University reserves the right to restrict and/or drop my registration if I have a financial obligation that has not been paid. The release of my transcripts and diploma will also be restricted until my financial obligation with Regis University is paid in full.

I authorize Regis University and their respective agents and contractors to contact me regarding my student account, including repayment of my student account, at the current or any future phone number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

I understand that it is my responsibility to update the university if my mailing addresses changes. I understand that I am still obligated to pay even if I do not receive a bill via USPS mail including any associated collection fees.

I acknowledge that I have read and understand this policy and agree to the terms herein set forth.

Signature: _____ Date: _____

*Submit this form to the Club Sports Manager within Wellness and Recreation at
time of enrollment into Club Sports*