

**2024 INT/ADV SUMMER INTENSIVE  
REGISTRATION FORM**

*If you are a current student, please only fill out student name and classes*

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Studio \_\_\_\_\_ Years of training \_\_\_\_\_

Pointe experience Yes / No                      If yes, how many \_\_\_\_\_

Are there any allergies/special medical issues/injuries that we should be aware of? Yes / No

*If yes, please explain:*

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Attending (please check a box)

- Four-week session
- Three-week session
- Two-week session
- One-week session

If not attending all weeks, please specify:

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Payment information:

Check # \_\_\_\_\_

Zelle to [registrar@denverballettheatre.org](mailto:registrar@denverballettheatre.org)

Cash

Credit card

RELEASE OF LIABILITY As the legal parent or guardian, I release and hold harmless Denver Ballet Theatre Academy LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Denver Ballet Theatre Academy LLC, its owners and operators or in route to or from any of said premises. Attending classes or dance activity at the studio could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Denver Ballet Theatre Academy. I grant Denver Ballet Theatre Academy permission to use photos or video footage of my child/myself. I agree to release and hold harmless Denver Ballet Theatre Academy and its authorized agents from any claims arising from the use of these images/videos. I also agree that all family members will abide by the policies of the Denver Ballet Theatre Academy LLC.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_