

**2024 YOUTH 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 _____ Email _____

Parent/Guardian _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Current Studio _____ Years of training _____

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

If yes, please explain:

Attending (please check a box)

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

If not attending all weeks, please specify:

Payment information:

Check # _____

Cash

Zelle to registrar@denverballettheatre.org

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 _____