

**FALL 2018 / SPRING 2019  
REGISTRATION FORM**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please list the classes for which your child would like to register:**

**Academy Track** \_\_\_\_\_ **Pre-Pro Track** \_\_\_\_\_

Class: \_\_\_\_\_ Day(s): M T W Th F S Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Class: \_\_\_\_\_ Day(s): M T W Th F S Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Class: \_\_\_\_\_ Day(s): M T W Th F S Time: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

**Monthly Total: \$** \_\_\_\_\_

**AUGUST TUITION**

August tuition is ONE HALF of one month's regular tuition plus the one time \$35 registration fee.

**\$35 Registration Fee: \$35.00**

**HALF MONTHLY Payment: \$** \_\_\_\_\_

**TOTAL DUE AUGUST 20th: \$** \_\_\_\_\_

**Monthly Tuition Payment Options**

- Monthly payments:** *I will make one time payments by the 1st of every month by check or credit card.*
- AUTO PAY:** *Please charge my card on the 1st of every month through May 1, 2019.*

**Name on card** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**FALL 2018/ SPRING 2019  
CONSENT TO TREATMENT**

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In consideration of Denver Ballet Theatre, Inc. allowing this individual to participate in dance activity, classes, competitions, performances, and individual activities such as stretching and conditioning (hereinafter referred to as "Activity"), I, and if I am under 18 years old, my parents or legal guardians, agree to be bound as follows (the term "I" in this release referring to both the participant and his or her parents or legal guardians):

I authorize Denver Ballet Theatre, Inc. to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the participant require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the participant is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

Participant's Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Participant's Medications \_\_\_\_\_

Participant's Allergies \_\_\_\_\_

Participant's Significant Medical History \_\_\_\_\_

Primary Medical Insurance Carrier/Policy # \_\_\_\_\_

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participant's protection. This consent shall remain effective until one year from the date below unless sooner revoked in writing and delivered to Denver Ballet Theatre Academy.

**I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

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

**FALL 2018/ SPRING 2019  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in Denver Ballet Theatre’s Dance Program (“Activity”), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the releasees (“Releasees”) named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Denver Ballet Theatre, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the Releasees herein), from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT**

AND I, the Minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the Minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Minor, or anyone on the Minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Signature of Parent/Legal Guardian \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL POLICY AGREEMENT

Welcome to Denver Ballet Theatre, Inc. Please take a moment to REVIEW and INITIAL the following key points listed in our Student Handbook. We look forward to dancing with you!

\_\_\_\_\_ Tuition is **DUE ON THE 1st** of each month and considered **LATE AFTER THE 5th**. A \$20 late fee will be added to your account after the 5th.

\_\_\_\_\_ DBT requires **30 DAYS' NOTICE** in writing or via email if a student plans to withdraw from a class (with the exception of injury). If notice is not received 30 days prior to the date of withdrawal, the student will be charged tuition for the following month.

\_\_\_\_\_ **Tuition is NOT refundable** as all students who are withdrawing should give 30 days' written notice.

\_\_\_\_\_ With the exception of August, **tuition is the same each month** and is NOT adjusted for ANY reason.

\_\_\_\_\_ **DBT HAS A ZERO TOLERANCE POLICY REGARDING ABUSIVE BEHAVIOR OF ANY KIND**, including bullying (inappropriate treatment of other students or faculty members), drug and alcohol use, or self-harm (eating disorders, cutting, etc.). While DBT is sensitive to challenges facing adolescents, these types of behaviors are inappropriate for students participating in DBTA classes or productions and are indicative of need for support by third-party mental health professionals. For the protection of all students, any instance reflecting the above-listed behaviors or other examples of emotional instability will immediately result in a meeting with the student and his or her parent/guardian. Further instances may result in dismissal from the studio.

\_\_\_\_\_ A student's progress depends upon his or her regular attendance in class. **Students are required to attend ALL of their registered classes** (with the exception of minimal excused absences for illness or school-related activities). Repeated absences will hinder a student's progress and class promotion.

\_\_\_\_\_ DBT maintains an open-door policy of communication with students and families. At any time, students or parents may request an appointment to speak with a faculty or staff member. Please refrain from addressing concerns with an instructor between classes. Requests to meet with the director, faculty or staff should be made through the Academy Registrar by filling out a meeting request form.

\_\_\_\_\_ DBT policies regarding class attendance, punctuality, and parent observation. All students **MUST** check in at the front desk before going into class. With the exception of emergencies, students will not be allowed to walk into class after the class has started. All classes will begin on time and all students are required to be on time for class. In an effort to create a more professional environment, parents are no longer permitted to watch any ballet classes or to be in the area of ballet classes at any time. Parent Observation days/time will be clearly listed at the beginning of the school year. DBT will schedule Parent Observation days in each level once per month. Schedule TBA. Parents MAY watch tap classes.

I have read and agree to abide by all listed rules and regulations in the Denver Ballet Theatre Student Handbook.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date