

**2018 YOUTH SUMMER INTENSIVE PROGRAM REGISTRATION
June 25 - July 13**

Student's Name _____ Birthdate _____ Age _____

Street _____

City _____ State _____ Zip _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Email _____

Current Studio _____ Years of Training _____

Pointe Experience? Yes / No If yes, how many years? _____

Do you have any allergies/special medical issues/injuries that we should be aware of? Yes / No

If yes, please explain:

My student will be attending (please check a box)

- Three-Week Session \$895 (\$495 Deposit)
- Two-Week Session \$695 (\$395 Deposit)
- One-Week Session \$395 (\$195 Deposit)

If attending one or two weeks only, please specify which weeks:

I understand that the deposit of \$ _____ is due May 15, 2018 and the remaining balance of \$ _____ is due June 15, 2018.

Deposit Payment Information:

- Check # _____
- Credit Card (on file)
- New Credit Card - fill out info below

Name on Card _____

Credit Card # _____ Exp. _____

RELEASE OF LIABILITY As the legal parent or guardian, I release and hold harmless Denver Ballet Theatre, Inc., 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, Inc., its owners and operators or in route to or from any of said premises. I also agree that all family members will abide by the policies of the Denver Ballet Theatre, Inc.

Parent Signature: _____

Date: _____