



**FALL 2020 / SPRING 2021
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:

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

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

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

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

Monthly Total: \$ _____

One time \$35.00 Registration Fee

Monthly Tuition Payment Options

Monthly payments: *I will make monthly payments by the 1st of every month by check or cash.*

Yearly Payment: *One-time payment through May 31, 2021.*

Signature _____

Date _____



FALL 2020 / SPRING 2021
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 Academy, LLC. 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 Academy, LLC 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, LLC.

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 2020 / SPRING 2021
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in Denver Ballet Theatre Academy'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 Academy, LLC, 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.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____



FALL 2020 / SPRING 2021
ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONA VIRUS/COVID-19 AGREEMENT ("AGREEMENT")

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Denver Ballet Theatre Academy, LLC has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, 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 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Denver Ballet Theatre Academy 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 its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises (each considered one of the Releasees herein).

I have read the ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONA VIRUS/COVID-19 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 and risk of contracting COVID-19. 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.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date _____



FALL 2020 / SPRING 2021 SCHOOL POLICY AGREEMENT

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

_____ Tuition is **DUE ON THE 1st** of each month and considered **LATE AFTER THE 5th**. A \$25 late fee will be added to your account after the 5th. **RETURN CHECK FEE** of \$25 will be added to your account.

_____ DBTA 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 NONREFUNDABLE**

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

_____ **DBTA 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. While DBTA is sensitive to challenges facing adolescents, these types of behaviors are inappropriate for students participating in DBTA classes and/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 their parent/guardian.

_____ A student's progress depends upon their 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.

_____ DBTA 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.

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

Parent Name

Student Name

Parent Signature

Date

**FALL 2020 / SPRING 2021
MODEL RELEASE FORM**

Students of Denver Ballet Theatre Academy may have the opportunity to be photographed or filmed during class, rehearsals and performances. These images/videos may be used to promote Denver Ballet Theatre Academy through studio publications, ads, on our website, and on social media. *

I grant Denver Ballet Theatre Academy permission to use photos or video footage of my child/myself. I also understand that Denver Ballet Theatre Academy may choose not to use my photo or video at this time but may do so at a later date.

I understand that these images/videos will be used for educational purposes and to promote the studio. I waive any right to compensation arising from the use of my photograph/video on behalf 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 acknowledge that by signing this form, I give Denver Ballet Theatre Academy full copyright and authority to publish photography/videography and I agree to the terms above.

Parent Name

Student Name

Parent Signature

Date

*Identifying information will not be included without permission.

- I **Grant** Permission to "Tag" child/myself
- I **Do Not Grant** Permission to "Tag" child/myself



**FALL 2020 / SPRING 2021
CONDUCT CONTRACT**

PARENTAL/GUARDIAN STATEMENT OF RESPONSIBILITY

I, as a parent or guardian of the student named on this form, **have read the Denver Ballet Theatre Academy Student and Parent Handbook for 2020-2021**. I fully understand and have discussed with my child that they will be expected to conduct themselves in a disciplined manner. I accept full responsibility for the timely payment of my child's tuition and fees. I understand that all tuition, enrollment, and fees paid to DBTA on behalf of my child are forfeited by the student if and when they are dismissed. I also understand that DBTA is not responsible for lost or stolen items.

PARENT/GUARDIAN'S PRINTED NAME _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

STUDENT PLEDGE OF COOPERATION

I have read the Denver Ballet Theatre Academy Student and Parent Handbook for 2020-2021, and fully understand that I will be expected to conduct myself in a disciplined manner while at DBTA. I agree to abide by all DBTA rules and policies. I understand that all violations of DBTA policies and rules governing it may be grounds for dismissal. I also understand that DBTA is not responsible for lost or stolen items.

STUDENT'S PRINTED NAME _____

STUDENT'S SIGNATURE _____ DATE _____