



## 2020 SUMMER PROGRAM REGISTRATION

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

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

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

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

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

My child will be attending:

Four Weeks  Three Weeks  Two Weeks  One Week

*If attending less than four weeks, please specify which weeks:* \_\_\_\_\_

### Payment Information:

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

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. I also agree that all family members will abide by the Policies of the Academy. Policies will be provided by the administration upon request.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_