

## 2021 ADV/INT SUMMER INTENSIVE PROGRAM REGISTRATION June 14 - July 9

Student's Name			Birthdate	Age	
Street					
City		State	Zip		
Parent Name			Cell Phone		
Parent Name			_ Cell Phone		
Email					
Current Studio				raining	
Pointe Experience? Yes	No If yes, ho	If yes, how many years?			
Do you have any allergies/sp	ecial medical issues/	injuries that v	ve should be aware o	of? Yes / No	
My student will be attend	ling (please check	( a box)			
<ul><li>□ Four-Week Session</li><li>□ Three-Week Session</li><li>□ Two-Week Session</li><li>□ One-Week Session</li></ul>		eposit)	specify wh	all weeks please lich weeks:	
I understand that the depo \$ is due May 3		is due May ´	1, 2021 and the ren	naining balance of	
Deposit Payment Information	on:				
□Check #					
<b>□</b> Cash					
⊒Venmo					
RELEASE OF LIABILITY As the legal owners and operators from any and loss, damage, or injury that may be spremises under the control and superpremises. I also agree that all family	all liability, claims, demand sustained by the participar rvision of Denver Ballet T	ds, and causes on t and/or the und heatre, Inc., its o	of action whatsoever, arisin ersigned, while in or upon wners and operators or in	ng out of or related to any the premises or any route to or from any of said	
Parent Signature:			Date:		