

**2021 CHILDREN CAMPS REGISTRATION
June 1-3 & 8-10**

Student's Name _____ Birthdate _____ Age _____

Street _____

City _____ State _____ Zip _____

Parent Name _____ Cell Phone _____

Parent Name _____ Cell Phone _____

Email _____

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)

Group 1 \$45

Group 2 \$120

Please specify which week/s _____

Deposit Payment Information:

Check # _____

Cash

Venmo

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, 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: _____