

2022 HOLIDAY CHILDREN CAMPS REGISTRATION FORM

Student's Name	Birthdate	Age
2 nd 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):		
☐ One Day \$20 ☐ Two Day \$38		
Please circle which camp/s • "Frozen" Camp • Two Day (ages 4-6) Dec 21-22 9:00-11:00am • "Coco" Camp • One Day (ages 4-6) Oct 20 4:00-6:00pm • "Beauty and the Beast" Camp • One Day (ages 4-6) Nov 23 9:00-11:00am • Musical Theatre Jazz Camp • Two Day (ages 4-6) Dec 21-22 9:00-11:00am		
Payment information: Check # Cash Zelle to registrar@denverballettheatre.org RELEASE OF LIABILITY As the legal parent or guardian, I release owners and operators from any and all liability, claims, demands, ar loss, damage, or injury that may be sustained by the participant and	nd causes of action whatson I/or the undersigned, while	pever, arising out of or related to any in or upon the premises or any
premises under the control and supervision of Denver Ballet Theatre any of said premises. Attending classes or dance activity at the stude contracting COVID-19. By signing this agreement, I acknowledge the risk that my child(ren) and I may be exposed to or infected by COVID-19. Denver Ballet Theatre Academy permission to use photos or video to Denver Ballet Theatre Academy and its authorized agents from any agree that all family members will abide by the policies of the Denver	lio could increase your risk ne contagious nature of Co ID-19 by attending Denver footage of my child/myself. claims arising from the user Ballet Theatre Academy	and your child(ren)'s risk of OVID-19 and voluntarily assume the r Ballet Theatre Academy. I grant . I agree to release and hold harmless se of these images/videos. I also LLC.
Parent/Guardian Signature		Date