

**2022 INT/ADV SUMMER INTENSIVE PROGRAM REGISTRATION  
June 27 - July 22**

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

Street \_\_\_\_\_

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

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Studio \_\_\_\_\_ Years of Training \_\_\_\_\_

Pointe Experience? Yes / No If yes, how many years? \_\_\_\_\_

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)***

- Four-Week Session \$1,660 (\$830 Deposit)
- Three-Week Session \$1,305 (\$655 Deposit)
- Two-Week Session \$920 (\$460 Deposit)
- One-Week Session \$485 (\$245 Deposit)

**If not attending all weeks please  
specify which weeks:**

\_\_\_\_\_  
\_\_\_\_\_

I understand that the deposit of \$\_\_\_\_\_ is due April 16th, 2022 and the remaining balance of \$\_\_\_\_\_ is due May 7th, 2022.

**Deposit Payment Information:**

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

Cash

Zelle

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: \_\_\_\_\_