

2024 SUMMER CAMP REGISTRATION FORM

Student's Name _____ DOB _____ 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):

Five Day (5-7) \$150

Five Day (7-9) \$150

One Day (3-4) \$20

One Day (5-7) \$35

Please specify theme and date

Payment information:

Check # _____

Cash

Zelle to registrar@denverballettheatre.org

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. Attending classes or dance activity at the studio could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Denver Ballet Theatre Academy. I grant Denver Ballet Theatre Academy permission to use photos or video footage of my child/myself. I agree to release and hold harmless Denver Ballet Theatre Academy and its authorized agents from any claims arising from the use of these images/videos. I also agree that all family members will abide by the policies of the Denver Ballet Theatre Academy LLC.

Parent/Guardian Signature _____ Date _____