



COLORADO BALLET ACADEMY

1075 Santa Fe, Denver CO 80204 | (p) (303) 339-1623 | (f) 303-861-7174
www.ColoradoBallet.org/Academy | julia.patterson@coloradoballet.org

2017 Young Dancer Workshop Acceptance Packet

Return in person, mail, email, or by fax to Colorado Ballet

Acceptance Requirements: All applicants must submit the acceptance form to Colorado Ballet by May 1st, 2017 to secure their spot in the Young Dancer Workshop. Forms received after May 1st, will be processed on a first come, first serve basis. Forms must be completed fully.

Today's Date: _____ **Are You a Returning Student?** _____

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____ **Contact E-Mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone: _____ **Are you currently enrolled at Colorado Ballet? Y / N** _____

How many years have you been dancing? _____ **How many classes do you take per week?** _____

Parent/Guardian's First Name: _____ **Last:** _____ **Contact Phone:** _____

Parent/Guardian's First Name: _____ **Last:** _____ **Contact Phone:** _____

I WILL ATTEND:

_____ **SESSION 1 (June 19-30)** _____ **SESSION 2 (July 3-July 14)** _____ **BOTH SESSIONS**

Summer Young Dancer Workshop: June 19-30, 2017 or July 3-14, 2017

Waiver: The Academy accepts students without regard to race, sex, religion, national origin or disability. The Academy reserves the right to cancel or reschedule any classes not meeting minimum enrollment requirements. Students will be notified of any cancelled or rescheduled classes. Registered student (and family) agrees to abide by all Academy policies as set forth in the Academy Policies, available online at www.coloradoballet.org or through the Academy Office. Colorado Ballet Academy assumes no responsibility for any accident or injury to the student in any Academy or Colorado Ballet function or event. Registered student also consents to the use of photographic or video graphic images for Colorado Ballet publicity purposes.

Refund policy: Deposit fees are non-refundable. 100% tuition (not including the deposit) reimbursement will only be processed before June 1st, 2017. Tuition reimbursements after June 1st, 2017 will be considered by the academy on an individual basis, but no refund is guaranteed. Any withdrawal after the first week of the program is not subject to a refund. All refunds and credits will take up to 3-5 weeks of processing time and will not be issued without a signed Drop/Add form. Registration fees are nonrefundable. If refunds are needed, check and credit card payments refunds may be issued back in the original form of payment.

Student Name (please print): _____

Student/Guardian Signature: _____ **Date:** _____

Signature required for registration – Agreeing to waiver and refund policy.

I. MEDICAL INFORMATION FORM

Insurance Company Name: _____

Policy Holder's Name: _____

Policy #: _____ Group #: _____

Are there any medical conditions or any drug allergies that we should know about? _____

Are there any medications that the staff at Colorado Ballet needs to help dispense to your child? _____

Date of last Tetanus Vaccine: _____ (approximate month and year, accepted)

Select the following medications approved for administration when needed: **Ibuprofen** **Tylenol**

Emergency Contact Name: _____

Home phone: _____ Work: _____ Cell: _____

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Home phone: _____ Work: _____ Cell: _____

My child is medically insured and I take financial responsibility for all medical expenses incurred at Colorado Ballet or any other venue related to this summer program. In the case of a medical emergency, I authorize the Colorado Ballet staff to take my child to the hospital to be treated in the best judgment of the hospital staff.

I also understand that Colorado Ballet is not responsible for any accident or injury that might occur on Colorado Ballet premises or anywhere else related to the Young Dancer Workshop. By signing below, I agree to these terms set forth above.

Signature: _____ Date: _____
Parent/Guardian

V. WAIVER AND RELEASE OF LIABILITY

The undersigned participant here on in later referred to as the "undersigned" requests and is granted the revocable permission to enter upon the premises of Colorado Ballet to participate as a dancer/participant in 2017 Young Dancer Workshop conducted at Colorado Ballet, 1075 Santa Fe Drive, Denver, CO 80204.

In consideration of the undersigned's participation, onto the premises of Colorado Ballet and at the Residences, the undersigned of himself/herself, all personal representatives' executors, executrixes, heirs' next of kin, spouse, and assigns do hereby agree as follows:

I. The undersigned do hereby FULLY RELEASE, FULLY WAIVE, FULLY DISCHARGE, AND COVENANT NOT TO SUE, the operators or Colorado Ballet, its directors, managers, attorneys, (hereinafter collectively referred to as "Releases") and each of them, from any and all claims, and/or the ordinary negligence of released, and/or the strict liability, and/or the negligence of any third party or participant, which causes the undersigned injury, death, personal injury, bodily injury, property damages, or any other type or kind of injury, and/or loss, and/or damages. The undersigned hereby covenants to hold "Releases" harmless from and to fully indemnify "Releases" for any type or kind of damages, judgments, awards, or related expenses (including but not limited to "Releases" attorney fees and court costs) that "Releases" may incur as a result of the participation of the undersigned in activities at premises listed above at any time.

2. The undersigned verifies that he/she is physically fit and sufficiently trained to participate in the Workshop, and that the undersigned's physical condition for participation in the Workshop, and other activities has been verified by a licensed medical doctor during the last six months. The undersigned verifies that he/she has and shall maintain sufficient medical insurance to cover any and all medical, expenses that may arise from the undersigned's participation in the Workshop, or other activities and undersigned does not, and shall not rely upon or look towards Colorado Ballet and/or the "Releases."

If a provision of this agreement is held to be illegal or invalid by a court of competent jurisdiction, such provisions shall be considered severed and deleted. Such severance and deletion shall not affect the validity of the remaining provisions of this agreement, which shall remain in full force and effect.

This Voluntary Release-Waiver-Assumption of Risk and Full Indemnity Agreement shall be in full force effect at all times during the undersigned's participation in the Workshop of any kind or nature and for whatever period of the time the undersigned participates in said activities, either continuously or from time to time as the case may be.

Should any dispute arise pertaining to the terms of the agreement, or should any action be filed or commenced to enforce the terms of this agreement, the prevailing party shall be entitled to recover its reasonable attorney fees and costs.

Participant's Name: _____ Date: _____

If the participant named is under the age of eighteen (18) years complete below:

I, Participant's parent or legal guardian, hereby consent and affirm the foregoing voluntary-release-waiver-assumption of risk and full indemnity agreement on behalf of participant, myself, and participant's family and all other parties as stated above. By affirming and consenting to the Voluntary-Release-Waiver-Assumption of Risk and Full Indemnity Agreement, it is my intention that the terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor.

Print Parent's Name: _____ Parent's/Guardian Signature: _____

PAYMENT IS DUE WITH REGISTRATION

Session Attending: _____ Session from _____ to _____, 2017. Tuition: \$ _____.

Card Number: _____ Expiration: _____ CV2: _____
(3 or 4 digit code)

Name Appears on Card: _____ Street Address + Zip _____

Signature: _____ Date: _____

Completed forms may be returned to Julia Patterson, Academy Business Manager
Email: Julia.Patterson@ColoradoBallet.org
Fax: 303-861-7174
Mail/In Person: Colorado Ballet, Attn: Julia Patterson, 1075 Santa Fe Drive, Denver, CO 80204