

COLORADO BALLET

1278 Lincoln Street, Denver, CO 80203 | (p) (303) 339-1623 | (f) 303-861-7174 www.ColoradoBallet.org/Academy | Phoebe.Coleman@ColoradoBallet.org

2013 Colorado Ballet Summer Intensive Program ACCEPTANCE PACKET



Students of Colorado Ballet Academy, Photo by Stephanie Urso Photography

Colorado Ballet is excited to be hosting another Summer Intensive Program and is looking forward to a successful summer program. On the last day of the program, on Friday, July 19, there will be a studio performance. Colorado Ballet encourages all students to invite their friends and family to attend. For those family and friends who are unable to attend, a DVD will be available for purchase the day of the event.

Congratulations from Colorado Ballet!

-Anne O'Connor, Director of Education

Summer Intensive Program: June 17 – July 19th, 2013 Ballet | Pointe | Variations | Repertoire | Jazz | Modern | Pilates

Acceptance Requirements: All applicants must submit the acceptance form to Colorado Ballet by March 15, 2013 to secure their spot in the Summer Intensive Program. Forms received after March 15, will be processed on a first come, first serve basis. Forms must be completed fully and inquiries or extensions may be emailed to Phoebe.Coleman@ColoradoBallet.org.

Use one packet per student, please. For Office Use Only: $\Box E \Box L \Box C$

Return in person, mail, email, or by fax to Colo Attachments : (1) \$300 Tuition Deposit, (1) \$3 Packets may be sent in separately from the payment. Pay debit/credit card.	00 Housing Deposit, a	pplicable for those staying in the dorms			
Today's Date:	Are You a Retur	rning SIP Student? Y / N			
First Name:	Last Name: _				
Date of Birth: Age:	Contact E-Ma				
Address:	City:	State: Zip:			
Home phone:	Are you curren	tly enrolled at Colorado Ballet? Y / N			
Parent/Guardian's First Name:	Last:	Contact Phone:			
Parent/Guardian's First Name:	Last:	Contact Phone:			
(Optional) Please pre-order me a SIP T-Shirt (\$	625/each) size:				
Youth or Adult / Small Medium	Large X-Lar	rge			
Will your family be in need of July 18 th -20 th ho	tel accommodation dis	scounts? YES or NO			
Colorado Ballet can offer a special \$145/weekd Denver. This rate must be secured through ema availability.	2				
Waiver: The Academy accepts students without regard to race or reschedule any classes not meeting minimum enrollmen Registered student (and family) agrees to abide by all www.coloradoballet.org or through the Academy Office. Co student in any Academy or Colorado Ballet function or event. for Colorado Ballet publicity purposes. Refund policy: Depositionly be processed before the first week of classes. 50% tuitic semester. Any withdrawal after the third week of the prograp processing time and will not be issued without a signed Dranonrefundable. If refunds are needed, check and credit card possessing time and will not be withdrawing after the start of \$25 withdrawal fee issued to those withdrawing after the start of the start	t requirements. Students wil Academy policies as set lorado Ballet Academy assur Registered student also cons it fees are non-refundable. 100 on reimbursement will be pro- am is not subject to a refund- op/Add form. Registration fe ayments refunds may be issue	I be notified of any cancelled or rescheduled classes, forth in the Academy Policies, available online at mes no responsibility for any accident or injury to the sents to the use of photographic or video graphic images 0% tuition (not including the deposit) reimbursement will cessed between the first week and the third week of the I. All refunds and credits will take up to 3-5 weeks of ses, punch cards, gift cards, and worn merchandise are ad back in the original form of payment. There will be a			
Student Name (please print):					
Student/Guardian Signature:	registration – Agreeing to wa	Date:iver and refund policy.			

I. Off Campus Lunch Permission Form

Summer Intensive Program students have a lunch break each day. During this time, students may choose to leave the premises to purchase lunch. Please indicate below whether or not you give permission to your underage (under 18) child to leave the premises during this time. You may indicate, "Yes," "no," or, "yes, but with supervision." Students ages 18 and over may skip to the next section.

Please circle one:	Yes	No	Yes, but with supervision
If yes, I will not hold C this time.	olorado Ballet or the	e Ballet's employees ar	nd volunteers responsible for my child during
Signature:			Date:
	Parent/Guardian's S	Signature	
	II. I	Excursion Permi	ssion Form
	agrees to abide by	•	ipate in group excursions of Colorado Ballet ures set forth by Academy personnel during Yes, but with supervision
If yes, I will not hold C this time.	olorado Ballet or the	e Ballet's employees a	nd volunteers responsible for my child during
Signature:			Date:
	me:		
Policy Holder's Name:			
Policy #:		Group) #:
Are there any medical of	conditions or any dr	ag allergies that we sho	ould know about?
Are there any medication	ons that the staff at C	Colorado Ballet needs t	o help dispense to your child?
Date of last Tetanus Va	accine:	(approximate mo	nth and year, accepted)
Circle the following me	edications approved	for administration whe	n needed: Ibuprofen Tylenol

7174, or by mail/in person to 1278 Lincoln Street, Denver, CO 80203.

DORMITORY STUDENTS ONLY -

Campus Village Apartments Floor Plans for Academy of Colorado Ballet's Summer Intensive Program



IV. Dormitory Basic Information

Student First Name:	Last	Name:	
I would like to stay (circle one): in the dorms at Campus Villa	ige	— a Host Stay	at a single apartment
Note any dietary requests:			
Note any dietary requests:			

Will you be in need of a parking spot at Campus Village (circle one)? Yes

Parking can be paid upon check in at Campus Village. Spots are about \$90/month and can be payable by cash or check. Spots MUST be reserved by Thursday, May 30th, 2013. Last minute parking RSVPs can be made via email to Phoebe.Coleman@ColoradoBallet.org. There are many two-hour free parking spots directly outside of Campus Village for parent pickup and drop off uses. There are also hourly lots located on the Auraria Campus, which vary in pricing.

Will v	you be in need o	f arranged	airport/	bus transi	oortation	(circle one)	?	Yes	No

Upon arrival at Denver International Airport or at a local Denver bus stop, the chaperone or Colorado Ballet staff member is happy to pick up the students and transport them to Camus Village. When you're travel itineraries become available, please send them to Phoebe.ColoradoBallet.org for coordination.

Note any special circumstances and	roommate/housing requests:	

Please include an additional \$300 housing deposit by March 15th to secure your housing spot. Host stay students do not need to submit a housing deposit.

V. VOLUNTARY RELEASE-WAIVER -ASSUMPTION OF RISK AND FULL INDEMNITY AGREEMENT

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 the Summer Intensive Program (SIP) conducted at Colorado Ballet, 1278 Lincoln St. Denver, CO 80203 and at Campus Village Apartments, 318 Walnut Street, Denver, CO 80204 ("Residences").

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 "Releasees") 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 "Releasees" harmless from and to fully indemnify "Releasees" for any type or kind of damages, judgments, awards, or related expenses (including but not limited to "Releasees" attorney fees and court costs) that "Releasees" 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 SIP, and that the undersigned's physical condition for participation in SIP, 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 SIP, or other activities and undersigned does not, and shall not rely upon or look towards Colorado Ballet and/or the "Releasees."

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 SIP 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:

VI. Permission Form to Leave with Non-Parental Adult

Summer Intensive Program students residing at Campus Village on the Auraria Campus may leave with adults who are not their parents with permission from their parent. Please identify the person with whom your student will be leaving. Students over the age of 18 may skip this section. Please list adults with whom your student may be checked out with (with proper photo ID). List both the adults' first and last name, relation to the family/family friend, and approximately when check out will occur (or write unknown or anytime):

1.	
2.	
3.	
4.	

The chaperone will be in charge of checking students in and out of the dorm. Please have the adult check in with the chaperone. Chaperone contact information will be distributed to student closer to June.

Completed forms may be returned to Phoebe Coleman, Academy Administrative Coordinator:

Email: Phoebe.Coleman@ColoradoBallet.org

Fax: 303-861-7174

Mail/In Person: Colorado Ballet, Attn: Phoebe Coleman, 1278 Lincoln Street, Denver, CO 80203

Acceptance Forms may be turned in separately from payments.