SUMMER INTENSIVE ACCEPTANCE PACKET

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

Acceptance Requirements: All applicants must submit the acceptance form to Colorado Ballet by April 1, 2014 to secure their spot in the Summer Intensive Program. Forms received after February 3rd, will be processed on a first come, first serve basis. Forms must be completed fully.

RETURN IN PERSON, MAIL, EMAIL, OR BY FAX TO COLORADO BALLET, ATTN: JULIA.PATTERSON@COLORADOBALLET.ORG
ATTACHMENTS: (1) $300 TUITION DEPOSIT, (1) $300 HOUSING DEPOSIT (APPLICABLE FOR THOSE STAYING IN THE DORMS)

I will be participating in the:
___6 WEEK SESSION___5 WEEK SESSION___4 WEEK SESSION___2 WEEK SESSION, from the dates of _____ to ____.

Today's Date: _____ Are You a Returning SIP Student? **Y / N**

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**

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

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

Are you on Pointe?_____Will you be using housing at University of Denver? _____

(Optional) Please pre-order me a SIP T-Shirt ($25/each) size:

Youth **or** Adult / Small Medium Large X-Large

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, 2014. Tuition reimbursements after June 1st, 2014 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. Housing refunds are not available prior June 1st, 2014. 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. There will be a $25 withdrawal fee issued to those withdrawing after the start of the intensive.

Student Name (please print): _____

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

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

I. EXCURSION PERMISSION FORM

Summer Intensive Program students may leave to participate in group excursions of Colorado Ballet Academy. The student agrees to abide by policies and procedures set forth by Academy personnel during excursion.
Please circle one: **Yes** **No** **Yes, but with supervision**

If yes, I will not hold Colorado Ballet or the Ballet's employees and volunteers responsible for my child during this time.

Signature: _____ Date: _____

II. 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)

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

Emergency Contact Name: _____

Home phone: _____ Work: _____ Cell: _____

Emergency Contact Name: _____

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 Summer Intensive Program. By signing below, I agree to these terms set forth above.

Signature: _____ Date: _____
Parent/Guardian

-DORMITORY STUDENTS ONLY-
III. DORMITORY BASIC INFORMATION

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

Student will be using housing for the ___6 Week Session___5 Week Session___4 Week Session___2 Week Session

Note any dietary requests: _____

_____

Will you be in need of arranged airport/bus transportation (circle one)? Yes No
Upon arrival at Denver International Airport or at a local Denver bus stop, Colorado Ballet is happy to arrange for airport transfer for $50.00 one way or $90.00 both ways. When your travel itineraries become available, please send them to julia.patterson@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.

V. PERMISSION FORM TO LEAVE WITH NON-PARENTAL ADULT

Summer Intensive Program students residing at University of Denver Dormitories 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.

VI. 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 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: _____

Completed forms may be returned to Julia Patterson, Academy Administrative Coordinator:

Email: Julia.Patterson@ColoradoBallet.org
Fax: 303-861-7174
Mail/In Person: Colorado Ballet, Attn: Julia Patterson, 1278 Lincoln Street, Denver, CO 80203