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 Intermeidate Ballet Intensive (IBI)
at Colorado Ballet Central Academy
ACCEPTANCE PACKET

Colorado Ballet Academy student, Beatriz Kuperus, dancing Peasant Pas variation at Colorado Ballet's Spring Showcase 2012.

Colorado Ballet is excited to be hosting another Intermediate Ballet Intensive and is looking forward to a successful summer program. On the last day of the program, on Friday, June 28, 2013, there will be a small in-studio performance. Colorado Ballet encourages all students to invite their friends and family to attend.

Congratulations from Colorado Ballet!

-*Anne O'Connor*, Director of Education

Intermediate Ballet Intensive: June 17 – June 28th, 2013
Ballet | Pointe and Pre-pointe Conditioning | Modern | Ballet Theory

Acceptance Requirements: All applicants must submit the acceptance form to Colorado Ballet by March 20, 2013 to secure their spot in the Intermediate Ballet Intensive. Forms received after March 20, will be processed on a first come, first served 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: □E □L □C

Return in person, mail, email, or by fax to Colorado Ballet Academy, Attn: Phoebe Coleman.
Attachments: (1) $150 Tuition Deposit by March 20, 2013, (1) $300 Housing Deposit, applicable for those staying in the dorms

Today's Date: _____ Are You a Returning IBI 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:** _____

Please pre-order me an IBI T-Shirt ($25) size: **Youth or Adult / Small Medium Large X-Large**
$25 is due with the acceptance packet. T-shirts may also be purchased throughout the IBI program.

Will your family be in need of June 27th-29th hotel accommodation discounts? : **YES or NO**

Colorado Ballet can offer a special hotel rate at the Westin Downtown Denver. Link will be posted online.

I. Off Campus Lunch Permission Form

Intermediate Ballet Intensive 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 Colorado Ballet or the Ballet's employees and volunteers responsible for my child during this time.

Signature: _____ Date: _____
Parent/Guardian's Signature

II. Medical Information Form

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: _____

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

*If you are **not** staying in Colorado Ballet's dormitories at Campus Village, you may **skip** following last sections and return the completed form to Phoebe Coleman at: (email) Phoebe.Coleman@ColoradoBallet.org, (fax) 303-861-7174, or by mail/in person to 1278 Lincoln Street, Denver, CO 80203.*

- *DORMITORY STUDENTS ONLY* -

IV. Dormitory Basic Information

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

I would like to stay (circle one): in the dorms at **Campus Village** a **Host Stay**

Note any dietary requests: _____

_____

Will you be in need of a parking spot at the dorms at Campus Village (circle one)? Yes No
Parking can be paid upon check in at Campus Village. Spots are about $25/week and can be payable by cash or check. Spots MUST be reserved by Thursday, June 6th, 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 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, 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 Natalie.Gallardo@ColoradoBallet.org for coordination.

Note any special circumstances and roommate/housing requests: _____

_____

Please include an additional $300 housing deposit by March 20, 2012 to secure your housing spot.

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

Intermediate Ballet Intensive 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. 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 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 payment deposits.