



Danse Etoile Ballet www.danseetoile.org
 1075 South Boulder Road, Louisville CO 80027

Danse Etoile Ballet

Summer Intensive 2024

Please print clearly

Student Information		
Name	Home Phone	Cell Phone
Address	Age	Date of Birth
City/State/Zip	Female <input type="checkbox"/> Male <input type="checkbox"/>	
County Adams <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Denver <input type="checkbox"/> Jefferson <input type="checkbox"/> Other _____		
Academic School	Grade	
Email		

Parent Name	Relationship to Student	
Email	Home Ph:	Cell Ph:
Address (if different)		Work Ph:

Emergency Contact Information. Please list individual who is not listed above		
Name	Home Ph.	Cell/Work Ph:
Name	Home Ph.	Cell/Work Ph:

Please list medical conditions, including current medications. If none, please write "none".

For new student, please list all previous and current dance training or other sport/art related activities.

Dates	School/club name/ location	Type of dance/activity/level

I have read, understand and agree to the policies of Danse Etoile Ballet. I understand that:

Tuition has to be paid in full for that session.

Under no circumstance will I receive a refund or credit on paid tuition.

Partial attendance of a session is not allowed.

I give permission to Danse Etoile Ballet to take and publish photos and/or videos of my child/myself and to use such photos/videos with no fees to my child or me. I understand and agree that there is a possibility of injury in participating in dance classes, rehearsals, performances or related activities, and that I will not hold Danse Etoile Ballet, or any Danse Etoile Ballet faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is a student at Danse Etoile Ballet. I exempt, release and indemnify Danse Etoile Ballet and its agents from any and all liability claims, demands, or causes of action whatsoever from any damages, loss or injury to student, parents/guardian, family member, or personal property which may arise out of or in connection with participation in any Danse Etoile Ballet activity.

Signature of Student _____ Date _____
 Danse Etoile Ballet www.danseetoile.org

Signature of Parent or Guardian _____ Date _____
 email mariejose@danseetoile.org 720.938.3030



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Danse Etoile Ballet Summer Intensive 2024

First Session

June 17 to 28 *Monday to Friday 9.30am to 3pm*

Second Session

August 5th to August 17th *Monday to Friday 9.30am to 3pm*

August 19th to August 30th *4pm to 8pm*

Audition for the season Saturday August 31st *11am to 1pm*

Please circle the weeks/sessions you will be taking.

Registration Fee \$30*	Payment
Session 1	\$950
Session 2	\$950
Sessions 1 and 2 paid in full May * To get this rate the full intensive must be paid by May 1 st	\$1300

Make check to Danse Etoile Ballet. Specify Summer Intensive 2024 payment session 1 or 2 due at time of registration.

Program:

Dancers can audition to be part of Season 2025 (*guest, student performer, apprentice, company members*). *Dates to be added.*