



ADK Dance Studio

2025 SUMMER Registration Form

Student's Name: _____ Date of Birth: _____

Address: _____ City/Town _____ Zip _____

Parent/Guardian Name: _____ (Cell#) _____

Email Address: _____ (Home#) _____

How did you hear about us? _____

Do you have any medical problem(s) that we should be aware of? Yes _____ No _____

Do you have any allergies? Yes _____ No _____ If yes to medical/allergies, please explain: _____

Authorized people to pick up from event: _____

Children's 4 Day Dance Camps (age 3+):

- ___ Session 1: July 14-17 **Ooh La La Aloha**
- ___ Session 2: July 21-24 **Marquee Mix-Up: Movie Magic**
- ___ Session 3: August 4-7 **A "Wicked" Good Camp**
- ___ Session 4: August 11-14 **Sanrio Summer, Hello Kitty & Friends**

All 4 day camps are \$160/session per child
(\$20 sibling discount).

Camps run Monday – Thursday
from 9-11:30am

All Pre-registration required with non-refundable \$40 deposit (we will apply deposit to another camp if there is room/availability). Fun activities, games, crafts and peanut-free snacks provided!

Weekly summer dance classes meet 7 weeks (July 1-Aug 14) and are \$100/child (\$10 sibling discount).

Tuesdays

- ___ Adaptive Dance 4:00-4:30pm **Ages 4-8**
- ___ Creative Movement/Ballet 4:30-5:15pm **Ages 2-4**
- ___ Summer Dance Mashup: Ballet, Jazz & Hip Hop
5:15-6:15pm **Ages 4-8**
- ___ Turns/Tricks/Technique 6:00-7:00pm **Preteen/Teen 9+**

Thursdays

- ___ Drop-in independent dance practice in open studio,
teacher led. 4:15-5:15pm **Ages 9-adult**

Please mark which sessions you plan to take for each class. Thank you!

Check made payable to ADK Dance Studio, and mailed to 519 Washington Street, Braintree, MA 02184 or dropped off during studio hours. Cash and credit cards also accepted.

Emergency Contact Name, Relation: _____

Contact's Phone: _____

RELEASE:

I hereby release ADK Dance Studio, employees/independent contractors from all liability for personal injury, illness or property damage occurring on or off the studio's premises. I have read ADK Dance Studio's General Information and Studio Policies as outlined. I authorize ADK Dance Studio to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me/my student to an ambulance if I am not able to authorize it in the case of an emergency. I certify that my student is in good health and capable of participating in physical activities. I hereby give permission to ADK Dance Studio to take and use photographs for promotional uses for the studio. I understand that payment is non-refundable.

Signature Parent/ Guardian/ Responsible Party _____

Date _____

ADK Dance Studio • 519 Washington Street • Braintree, MA 02184
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