

ADK Dance Studio 2024 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/a	allergies, please explain:	
Authorized people to pick up from event:			
Idren's 4 Day Dance Camps (age 3+): Session 1: July 8-11 C'Mon Let's Go Party Session 2: July 15-18 Tumbling & Twirling Trolls Session 3: August 5-8 Welcome to the Jungle Session 4: August 12-15 Princess & Prince Academy Shorter 1 and 2 Day Camps (ages 8+): Fri, July 19 Chicken Bob Murder Mystery* Fri, Aug 9 Peace Rest Salt Spa Day* Tues/Wed, July 30-31 Book Writing Club "Adventue" Tues/Wed, Aug 20-21 Little House on the Prairie Ca		ob Murder Mystery* t Salt Spa Day* Book Writing Club "Adventure"**	
All 4 day camps are \$140/session per child (\$10 sibling discount). Camps run Monday – Thursday from 9-11:30am	The 1 day camps are \$35/child, 2 day camps are \$65, and the includes all supplies. (\$5 sibling discount)		
All Pre-registration required with non-refundable \$2 if there is room/availability). Fun activities, gan Weekly summer dance classes meet 8 weeks (July 1	nes, crafts and peanut-fre	e snacks provided!	
Mondays	Tuesdays	ina (\$10 olonnig aloooant).	
Creative Movement/Ballet 4:30-5:15pm Ages 2.5-4 Ballet/Tap 5:15-6:15pm Ages 5-8			
Please mark which sessions you plan	to take for each class. Tha	nk you!	
Check made payable to ADK Dance Studio, and mailed or dropped off during studio hours. Cash and credit care	•	Braintree, MA 02184	
Emergency Contact Name, Relation:			
Contact's Phone:			
RELEASE: I hereby release ADK Dance Studio, employees/independent damage occurring on or off the studio's premises. I have rea outlined. I authorize ADK Dance Studio to seek medical trea and discharge me/my student to an ambulance if I am not ab student is in good health and capable of participating in phys take and use photographs for promotional uses for the studio	t contractors from all liability for d ADK Dance Studio's Genera tment at the nearest medical to le to authorize it in the case of ical activities. I hereby give po	al Information and Studio Policies as facility and they may call paramedics f an emergency. I certify that my ermission to ADK Dance Studio to	
Signature Parent/ Guardian/ Responsible Party	 Date		