



# ADK Dance Studio

## 2026 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: June 29-Jul 2 **K-POP Party**
- \_\_\_ Session 2: July 13-16 **Barbie Bash**
- \_\_\_ Session 3: August 3-6 **PAWsome Adventures**
- \_\_\_ Session 4: August 17-20 **Once Upon A Dance Camp**

All 4 day camps are \$160/session per child (\$20 sibling discount). Per diem amount is \$50 with 2/day minimum.

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 6-Aug 21) and are \$140/child (\$10 sibling discount).

### Weekly classes and Thursday Day Camp Selections

Class Choices - please list name & day of class:

- (1) \_\_\_\_\_ Class Time: \_\_\_\_\_
- (2) \_\_\_\_\_ Class Time: \_\_\_\_\_
- (3) \_\_\_\_\_ Class Time: \_\_\_\_\_
- (4) \_\_\_\_\_ Class Time: \_\_\_\_\_

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