



2018 Summer Registration Form

11 Clearbrook Rd. Elmsford, NY 10523 (914)741-5678
www.academyofdancearts.info

Student's Name _____ Date of Birth ____/____/____ Age _____

Address _____ Home Phone _____

City/State _____ Zip Code _____ Email _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Father's Name _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

<u>Watch Me Shine</u> (3-5 yrs. old) 1 week sessions	<u>I'm a Pop Star!</u> (6-8 yrs. old) 1 week sessions	<u>So You Wanna</u> <u>Dance</u> (9-13 yrs. old) 1 week sessions	<u>Dance Intensive</u> (*Ages 9-up) *by Audition	<u>Dance Classes</u> (Name of class & dates)
6/25-6/29 _____ 7/2-7/6 _____ 7/9-7/13 _____	6/25-6/29 _____ 7/2-7/6 _____ 7/9-7/13 _____	6/25-6/29 _____ 7/2-7/6 _____	8/20-8/24 _____	<u>CLASS NAME(S)</u> _____ _____
7/16-7/20 _____ 7/23-7/27 _____ 7/30-8/3 _____	7/16-7/20 _____ 7/23-7/27 _____ 7/30-8/3 _____	7/9-7/13 _____ 7/16-7/20 _____		_____ _____
8/6-8/10 _____ 8/13-8/17 _____ 8/20-8/24 _____	8/6-8/10 _____ 8/13-8/17 _____ 8/20-8/24 _____	7/23-7/27 _____ 7/30-8/3 _____		<u>DATES—8 WEEKS</u> 6/25-8/17 Wk. 1 ____ Wk. 2 ____
8/27-8/31 _____	8/27-8/31 _____	8/6-8/10 _____ 8/13-8/17 _____		Wk. 3 ____ Wk. 4 ____ Wk. 5 ____ Wk. 6 ____ Wk. 7 ____ Wk. 8 ____

Prices for programs are as follows: Watch Me Shine / I'm a Pop Star - \$325/ 1 week
So You Wanna Dance - \$425 / 1 week
Dance Intensive (*By audition) - \$625
Dance classes - \$20 per class per week (Min. 3 weeks)

***Refunds can be offered until 2 weeks before the summer season begins. (6/25/18) No refunds after season begins. If a student withdraws in advance of utilizing a payment, the remainder of that payment will be credited to their account for future use.**

I, the undersigned, understand that dancing is a physical activity that carries certain risks. I do hereby agree to hold harmless the Academy of Dance Arts, Elmsford, NY, its Agents, Director, or Employees from any and all claims for personal injuries to myself, my (our) girl or boy while participating in said dance or acrobatic or any other Academy activities. I hereby grant Academy of Dance Arts *permission to use at any time, a photograph or videotape* of this student in connection with any Academy activities.

Signature

Date

Referral(Name?) _____

Website _____

Facebook (which page?) _____

Flyer _____

HOW DID YOU HEAR ABOUT US? (Circle one)