

INTEGRITY DANCE CENTER



1196 Tree Swallow Drive, Suites 1332 & 1334
 Winter Springs, FL 32708
 (407) 542-1616 www.idcgetsome.com

2026 SUMMER INTENSIVE REGISTRATION

<input type="checkbox"/>	<u>Acro Intensive #1</u>
	June 15 -- June 19 9:00am -- 12:00pm
	*must have aerial or back handspring

<input type="checkbox"/>	<u>Turns & Progressions Intensive</u>
	June 15 -- June 19 1:00pm -- 4:00pm
	Age 12+ yrs old

<input type="checkbox"/>	<u>Acro Intensive #2</u>
	July 13 -- July 17 9:00am -- 12:00pm
	*must have aerial or back handspring

<input type="checkbox"/>	<u>Leaps & Improv Intensive</u>
	July 13 -- July 17 1:00pm -- 4:00pm
	Age 12+ yrs old

Cost:	Single Student Registration: \$40 Family Registration: \$70
	5 day Intensive -- \$190 10% Discount will be applied to total if full payment is received by 5/1/2026 <i>All Credit/Debit payments will be assessed a 3.6% processing fee</i>
	**Enrollment must meet minimum student count by 5/15/26, if an intensive is not at it's minimum student count it will be cancelled and all payments refunded by 5/20/2026

Payment:	Registration Fee and 50% Deposit is due at the time of Registration. Registration Fee and Deposit are non-refundable (unless the intensive is cancelled)
	Account Balance is due on the first day of Intensive

<u>Student Information</u>	
Name:	
Birthdate:	
Age:	

<u>Parent/Guardian Information</u>	
Name: _____	Name: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____
Address: _____	

INSURANCE DISCLOSURE: INTEGRITY DANCE CENTER, INC. hereby represents that it maintains general liability insurance limited to \$1,000,000 per occurrence and \$2,000,000 aggregate combined single limited for bodily injury and property damage.

WAIVER, RELEASE AND CONSENT: I hereby state that the student is physically and mentally capable of safe participation in INTEGRITY DANCE CENTER, INC. ("IDC") activities and will abide by the posted POLICIES AND PROCEDURES OF INTEGRITY DANCE CENTER. I understand that IDC assumes no responsibility for injuries or illness, which the student may sustain as a result of his/her athletic activities, the programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illness which may result from the student's involvement in these activities, whether on or off IDC's premises. I hereby release and discharge IDC, its agents, servants and employees from any and all claims of injury, illness, death and loss or damage which the student may suffer as a result of his/her participation in premises or any other premises where IDC may conduct its events. I give my permission to IDC to use, without limitation or obligation photographs, film footage or tape recordings of the student for the purpose of promoting IDC's programs or providing instruction in dance education. I explicitly give my consent to IDC's instructors to gently lay their hands on the student for purposes of dance instruction.

I ACKNOWLEDGE AND ACCEPT THE WAIVER, RELEASE AND CONSENT SET FORTH ABOVE.

Signature of Parent or Guardian _____
Date

<u>EMERGENCY CONTACT INFORMATION</u>		
Name	Phone Number	Relationship to Student
Name	Phone Number	Relationship to Student

<u>MEDICAL RELEASE AND HISTORY</u>	
Please list any Medical Allergies, Conditions and/or Concerns: _____	
Family Physician/Clinic: _____	
Physician/Clinic Name	Physician/Clinic Phone Number

I AUTHORIZE INTEGRITY DANCE CENTER, INC. TO OBTAIN MEDICAL TREATMENT FOR THE STUDENT IN THE EVENT OF AN EMERGENCY.

Signature of Parent or Guardian _____
Date

Student Name: _____