



INTEGRITY DANCE CENTER

1196 Tree Swallow Drive, Suites 1332 & 1334

Winter Springs, FL 32708

(407) 542-1616

www.idcgetsome.com

2024 SUMMER INTENSIVES REGISTRATION

Acro Intensive #1



June 17th -- June 21st

9:00am -- 12:00pm

Age 10+ yrs old

Turns & Progressions Intensive



June 17th -- June 21st

1:00pm --4:00pm

Age 10+ yrs old

Leaps & Improv Intensive



July 15th -- July 19th

9:00am -- 12:00pm

Age 10+ yrs old

Acro Intensive #2



July 15th -- July 19th

1pm -- 4:00pm

Age 10+ yrs old

Cost:	Single Student Registration: \$40 Family Registration: \$70
	Half Day Intensives -- \$175 5% Discount for each additional Intensive (<i>same student only</i>) 10% Discount will be applied to total if full payment is received by 5/15/24 **Only one discount will be applied** <i>All Credit/Debit payments will be assessed a 2.6% processing fee</i>

Payment:	Registration Fee and 50% Deposit is due at the time of Registration. Registration Fee and Deposit are non-refundable. Account Balance is due on the first day of Intensive.
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<u>Student Information</u>		
Name:	_____	
Birthdate:	_____	Age: _____ Shirt Size: _____

<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: _____