Ashley Grimes Dance Collective. LLC 13145 Kings Lake Dr Unit 102 Gibsonton, FL 33534 <u>AshleyGrimesDanceCollective@Gmail.com</u> (813) 644 -7713

Summer Registration Form 2024 (Please print)

<u>*Return Form to the front desk of the AGDCO. or email back to</u> <u>AshleyGrimesDanceCollective@Gmail,Com to finish registration.</u>

How did you hear about the Ashley Grimes Danc Did anyone refer you to the Ashley Grimes Danc		
DANCER NAME	DOB	Age
PARENT/GUARDIAN(S) NAMES		
PARENT EMAIL		
SECONDARY EMAIL		
PHONE NUMBER HOME		
CELLPHONE		
MOTHER'S EMPLOYER		
FATHER'S EMPLOYER		
ADDRESS		
CITY	STATE	ZIP-CODE
SCHOOL		
MEDICAL/ALLERGY INFO		
EMERGENCY CONTACT NAME		
EMERGENCY CONTACT RELATIONSHIP		
EMERGENCY CONTACT PHONE NUMBER	tion.	

Please add AshleyGrimesDanceCollective@gmail to your email address book to ensure you receive all up dates and communications.

*Please Continue to back to finish Summer registration.

Please mark X on Camps your child will attend. \$50 Non refundable fee due upon registration for camps to hold spot Balance due first day of camp. Multiple Camps Discount is 10 percent. 10% Sibling Discount per set of <u>Camps</u> or 10% Sibling Discount on lower tuition class rate. This does not include intensives.



AGDco. Ballet Intensive

<u>July 8th -12th</u> <u>9:00AM -12:30PM</u> <u>\$275.00</u>

Disney Princess and Prince Dance Camp Ages 3-6 July15th- 19th 9:00AM -12:00PM \$200.00

Barbie & Ken Dance Camp Ages Kindergarten and Older July 15th - 19th 9:00AM- 3:00PM \$275.00

The <u>AGDco. Summer Intensive</u> <u>Ages 6-18 Inquire for Placement</u> <u>July 29th -August 1st 11AM-3PM \$275.00</u> July 29th - August 1st 9AM- 11AM \$150.00

SUMMER NIGHT CLASSES

Class Title	Day	Time
1.		
2.		
3.		
<u>4.</u>		
5.		
6.		
7		

Please Sign Below

I give permission for my child to be photographed or video taped by AGD co. LLC for promotional purposes. ____

By Initialing this statement, I Declare the above stated participant is in good health and is able to participate in strenuous activities such as dance. In the event of an emergency and I am unavailable to authorize a physician to examine, interview, test and if necessary treat my child as they deem advisable. I also certify to the best of my knowledge that my child nor a member of my household has had symptoms or come into contact with or tested positive for COVID-19. In the event my child were to be exposed to or contract COVID-19 I do not hold Ashley Grimes Dance Collective LLC responsible.

For AGD co. office use only:

Summer Registration fee \$10 : _____

Fall Registration Fee \$45: _____ Family \$60

Discounts if applicable 15% Sibling TUITION, 10 PERCENT SIBLING CAMP, 10 PERCENT MULTIPLE CAMPS

Summer Class hours : _____

Summer Tuition Rate : _____

Summer Camps:_____

Deposit \$50 : _____ Date: _____

8.

9._

Balance: _____ Date : _____

Total fees collected Summer Registration: _____