



Academy of Dance Arts Summer Dance Intensive

June 20-24, 2016

LEVELS: Elementary | Intermediate | Advanced

*Minimum age of 9 years old with at least 1 year of ballet experience

Please indicate on the application form your child's current dance school, level, and the number of years studied. ADA faculty will divide students into levels according to age and ability as it relates to our intensive. Understand that each dance school has a different title and standard for each level. The faculty will establish where your child belongs on the first day of camp.

QUESTIONS: 317-841-6182 or email adadancers@sbcglobal.net

FEES

\$250

(Includes over 30 hours of instruction)

All fees are non-refundable

SCHEDULE

Monday, June 20th-24th

Classes from 9:00 am to 4:00 pm

Showcase performance on

Friday, June 24th at 1:00 pm.

ATTIRE

GIRLS: Black leotard, pink tights, pink ballet shoes, tan jazz shoes.

Hair in bun. NO jazz sneakers or jewelry.

BOYS: Black unitard or tights, white t-shirt, black or white ballet shoes, tan jazz shoes. NO jazz sneakers or jewelry.

Dress code will be enforced

Dancers will need to bring a sack lunch and water bottle each day.

STUDENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Grade in School: _____

Date _____ of _____ Birth: _____/_____/_____

Current Dance School: _____

Current Dance Level _____ No. of Years Studied: _____

In Case of Emergency, Contact:

Phone _____ Alt Phone _____

Email _____

MEDICAL & RISK WAIVER

I hereby give my permission for my child to participate in the activities of the Summer Dance Intensive. I release Academy of Dance Arts, its owners and employees from any responsibility for any accident or injury that could occur. I have alerted the staff of any problems or medical restrictions that my child has. I am aware that any dietary concerns should be covered by myself and controlled by providing a proper sack lunch.

ANY CONCERNS? _____

CONSENT

I understand and allow: light touching of appropriate body parts necessary for purposes of instruction; any photo and video materials with my child's participation to be free for further use by Academy of Dance Arts, Summer Dance Intensive.

GUARDIAN SIGNATURE _____

DATE _____

Limited Space Available

Mail to or Drop off at:

Academy of Dance Arts

10800 East 121st Suite 126 Street, Fishers, IN 46037

Checks payable to Academy of Dance Arts

Detach and return this portion

APPLICATION

Detach and return this portion