

SUMMER INTENSIVES 2026

Dancer Registration Form

Registration Date: ____/____/____

DANCER INFORMATION

Dancer's Name: _____ Age: _____

Birthday: ____/____/____ School: _____ Grade: _____
(2025-2026)

Dancer's Cell: _____ Dancer's Email: _____

Home Address: _____
Street Address Apartment/Unit # City Zip Code

Does the above-named dancer have any medical conditions? (i.e. allergies, asthma, autism, etc.). If yes, explain: _____

Has the dancer had any previous dance experience? Yes No

If so, for how long? _____ In a competitive dance team? Yes No Where: _____

PARENT INFORMATION

Mother's Name: _____ Mother's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

Father's Name: _____ Father's Cell: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION

Please add contacts in the spaces provided **other than the parents named above.**

Emergency Contact Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

1) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

2) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

3) Authorized Pick-Up Name: _____

Relationship: _____ Cell Phone: _____ Work Phone: _____

****To reserve your dancer's spot, a minimum of 1 week paid in full due at registration. Additional week must be paid 2 weeks before the start of your selected week ****

****Registration fee waived if registered before May 1st. \$40 registration fee applies after May 1st, 2026. ****

- Week #1: June 8th – June 11th**
- Week #2: June 15th – June 18th**
- Week #3: June 22nd – June 25th**
- Week #4: July 20th – July 23rd**
- Week #5: July 27 – July 30th**
- Week #6: August 3rd – August 6th**

Select Weeks Registering



HOW DID YOU HEAR ABOUT MIAMI DANCITY STUDIOS?

- newspaper ad flyer online search social media
 family/friend, name: _____

PARENT AGREEMENT

(Please initial each item below)

- ____ LEVEL **PLACEMENT**: I understand that Miami Dancity Studios will place my dancer, regardless of age, in the level they see fit due to my dancer's technical ability and/or dance training.
- ____ I understand that if there is not a level in which my dancer can participate in, Miami Dancity Studios reserves the right to excuse my dancer from the program FOR THAT PARTICULAR WEEK.
- ____ I understand that if Miami Dancity Studios excuses my dancer from the program for that week because there is no level to place my dancer, I will receive a refund/credit for classes not received.
- ____ I understand that if my dancer's level does not reach the necessary minimum of dancers in a particular week, Miami Dancity Studios reserves the right to combine levels, providing there is available space for my dancer.
- ____ I understand my dancer is encouraged to attend intensive each day as no refund or credit will be issued for missed days/absences (i.e. tardiness, vacation, etc.).
- ____ I understand if my dancer displays signs /symptoms of being ill he/she will be sent home immediately.
- ____ I hereby grant Miami Dancity Studios, Inc. permission to use, publish, and copyright my child's photograph/videos during summer intensive for advertisement, or any promotions for the use of Miami Dancity Studios, Inc. ONLY, without payment of any sort of compensation, or any other consideration.
- ____ I understand that if I send an individual besides those listed for pick up, I must provide a copy of their photo identification (license) and my consent for pick up via email to Miami Dancity prior to pick up time.
- ____ I understand that parents are asked to email the studio if their dancer is ill and will not attend that week by Sunday night preceding the Monday of intensives. Our email is info@miamidancity.com. Furthermore, future weeks are not promised. Each week stands on its own. Space is based on availability.
- ____ I understand that ALL WEEKS must be paid 2 weeks in advance in order to hold a spot for my dancer for the week selected. If my dancer does not attend class on Monday of each week registered, my dancer will forfeit his/her spot to another dancer on the waiting list.
- ____ I understand summer intensives tuition is **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

Print Parent/Guardian Name

Parent/Guardian Signature

FOR OFFICE USE ONLY

(Minimum payment of 1 week due at registration)

Total Due: \$ _____

Method of Payment

Cash Check# _____

CC ACH

*Credit Card payments will incur a 3.5% processing fee *

Payment Authorization Form

I authorize Miami Dancity Studios, Inc., to charge my method of payment by the 1st of every month for the amount shown for services or programs as noted below until I terminate that authorization in writing by the 25th of the previous month.

Dancer's Name: _____

Parent's Name: _____

Name on Account (if not the same as above): _____

Billing Address: _____
Street Address Apartment/Unit #

City

State

Zip Code

Parent's Phone: _____

Parent's Email Address: _____

Amount to be withdrawn per month: *\$ _____

**Amount subject to change due to the amount of classes your dancer takes per month.
Should your payment be declined, we will notify you via email.*

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Bank Account Number: _____ Consumer Checking Savings

Routing Number: _____ Business Checking Savings

****Debit/Credit Card Type:** Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: (MM/YY) _____/_____
Security Code (CVV): _____

****Any payments made with a debit/credit card will be charged an additional 3.5% processing fee of the total amount due.**

I agree and understand that I am responsible for any additional fees associated with my payment if it is ever to be declined or rejected.

 Authorized Signature

 Date