

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

Summer Registration Form 2025
(Please print)

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

How did you hear about the Ashley Grimes Dance Collective? _____
Did anyone refer you to the Ashley Grimes Dance Collective? _____

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 _____

***AGD co. uses email as primary source of communication.
Please add [AshleyGrimesDanceCollective@gmail](mailto:AshleyGrimesDanceCollective@gmail.com) 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.
This does not include intensives.

The AGDco. Ballet Intensive
August 1st -August 2nd 9AM-11AM
\$100.00
August 1st - August 2nd 11AM-2 PM
\$125.00

The AGDco. Team Intensive
July 28th -31st - 9AM-11AM
\$150.00
July 28th - 31st 11AM - 3PM
\$275.00

Acrobatics, Tumbling, & Contortion Workshop
Side/Front Aerial & Back handspring Clinic
July 9th - 11th
4:00-6:00PM
\$160.00

SUMMER NIGHT CLASSES

Class Title	Day	Time
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		

Please Sign Below

I (Name) _____ (parent of) _____

understand that participating in dance classes and activities could involve some possible personal injury. By signing this release form I/we (The Dancer/Parent/Guardian) intending to be legally bound , assume all risks and waive , release , and forever discharge all rights and claims for damages arising from the performance and participation at Ashley Grimes Dance Collective LLC. Including any claims for loss, damages, or injury to my child's person or property related to the use of any and all spaces used by Ashley Grimes Dance Collective LLC. I/ we agree to release and hold harmless Ashley Grimes Dance Collective LLC, its Teachers, Dancers, Staff Members, and facilities used from any cause of action , claims, or demands now and in the future. I agree Ashley Grimes Dance Collective LLC is not liable for any loss or property damage before, during or after classes. I acknowledge that I knowingly and voluntarily assume full risks for physical injury, death, property loss or damage arising out of participation at AGDC LLC including classes in studio and also performances located elsewhere.

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 _____

Summer Class hours : _____

Summer Tuition Rate : _____

Summer Camps: _____

Deposit \$50 : _____ Date: _____

Balance: _____ Date : _____

Total fees collected Summer Registration: _____