

**Ashley Grimes Dance Collective. LLC
13145 Kings Lake Dr Unit 102
Gibsonton, FL 33534**

**AshleyGrimesDanceCollective@gmail.com
(813)644-7713**

Fall Registration Form 2025/2026

(Please print)

***Please Return Form to the front desk or email back to
AshleyGrimesDanceCollective@Gmail.Com to finish registration.
Online Registration/ Payment Portal System coming soon.**

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

CELL PHONE·

MOTHER'S EMPLOYER ADDRESS:

FATHER'S EMPLOYER ADDRESS:

HOME ADDRESS:

CHILDS SCHOOL:

MEDICAL/ALLERGY INFO:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT RELATIONSHIP:

EMERGENCY CONTACT PHONE NUMBER:

***AGDco. uses email as primary source of communication. Please add AshleyGrimesDanceCollective@Gmail.com to your email address book to ensure you receive all updates and communications.**

Payment Policies Signature and Waiver

I acknowledge and understand that I am enrolling for a 10-month dance year, August through June. I understand there are no refunds. I acknowledge responsibility for the full dance year's tuition June being prorated. Classes are not paid class by class. I agree to pay the tuition fees by the 1st of every month and know there is a \$15.00 late fee after the 10th. AGDco. does not mail tuition invoices. I understand that I must pay a \$35.00 insufficient funds fee for all returned checks. I understand there will be costume fees and recital fees. I understand that if I discontinue mid-season and later register again, I must re-pay a registration fee. I reserve the right to discontinue my payment obligation to Ashley Grimes Dance Collective provided that I notify the office in writing, 30 days prior to the last month.

I Printed Name: _____ Parent of _____

Signature: _____ Date: _____ / _____ / _____

I (Name) _____ parent of _____ understand that participating in Dance and Aerial Arts 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 AGDco. LLC, this includes injuries incurred from other students while participating in classes for activities at AGDco. or performing at other venues for studio related events. _____

I give permission for my child to be photographed or videotaped by AGDco. 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 was to be exposed to, or contract COVID-19 I do not hold Ashley Grimes Dance Collective LLC responsible. _____

By Initializing this statement, you understand AGDco. Will not tolerate poor classroom behavior or disrespectful etiquette. AGDco. Will not tolerate any negativity towards the business, affiliated staff, or other dance families in attendance whether it be in the studio hallway, surrounding parking lot, on social media or through word-of-mouth gossiping. Negativity will unfortunately lead to dismissal from the studio. I understand AGDco. Reserves the right to dismiss a participant from the studio for any reason that negatively affects the business. _____

***Please continue to back to finish the registration.**

Day:

Time:

Class:

For AGD co. office use only:

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

Discounts if applicable 10% Sibling:

Fall Class Hours:

Fall Tuition Rate:

Date:
