



# Broadway Bound Dance Centre

## Summer Dance 2025

### June 3<sup>rd</sup> – 25<sup>th</sup>

Tuesdays	Studio A	Ages
5:30-6:15	Acro	10+
6:15-7:00	Hip Hop	10+
7:00-7:45	Ballet	10+
7:45-8:15	Pointe – ballet req'd	12+

3/4 hour class = \$55.00 for all four weeks  
 Ballet plus Pointe = \$75.00 for all four weeks

Wednesdays	Studio A	Ages	Studio B	Ages
5:00-5:45			Lyrical	5-10
5:45-6:30	Ballet/Tumble/Tap	3-6	Acro	5-10
6:30-7:15	Musical Theater/ Jazz	11+	Hip Hop	5-10
7:15-8:00	Tap	11+	Adult Hip Hop	Adult

#### Join more than one class and enjoy a discounted rate!

2 classes = 10% discount / 3 classes = 15% discount / 4+ classes = 20% discount

Discount applies to single student enrolled in multiple classes

**Drop-in per class fee for students NOT enrolling in full 4-week term: \$20.00 per ¾ hr class**

Siblings in same household= 5% discount off total tuition

#### Registration: Summer Dance – 2025

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE & NAME \_\_\_\_\_

EMAIL ADDRESS (REQUIRED for notifications) \_\_\_\_\_

**CLASS CHOICE(S):** Please include an alternate by circling “OR” If taking more than one class, circle “AND”

1<sup>st</sup> CHOICE (day & time/subject/age) \_\_\_\_\_ AND / OR <please circle one

2<sup>nd</sup> CHOICE (day & time/subject/age) \_\_\_\_\_ AND / OR <please circle one

3<sup>rd</sup> CHOICE (day & time/subject/age) \_\_\_\_\_ AND / OR <please circle one

4<sup>th</sup> CHOICE (day & time/subject/age) \_\_\_\_\_ AND / OR <please circle one

#### Medical Information:

I understand that the registrant will participate in this activity at her/his own risk and that this program is a physical activity, that various injuries may occur, that the studio/ staff/contractors/employees/management/heirs/successors/assignees/landlord etc. assume no responsibility for injury (in the classroom or on the premises), that it is my responsibility to make sure the registrant is physically capable of participating in this program, and that a medical physical by a doctor is recommended.

Please list any medical information: \_\_\_\_\_

DATE \_\_\_\_\_

#### Signature of Parent/ Legal Guardian/ Adult Student

Dancers may be videotaped/photographed, and I consent that these may be used in appropriate formats including online, in social media and advertising by the studio without compensation or reserve (names will not be used.) After May 28<sup>th</sup>, there are no refunds/transfers/credits. Only in the event of the studio cancelling will refunds be issued. With my signature, I state that I have read and agree to all statements regarding medical information, studio policies, tuition/ fees, refunds and registration.

**Broadway Bound Dance Centre    2955 Bush Drive, Melbourne, FL 32935**

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