

**June 23-27**  
**July 7-11**  
**July 21-25**  
**August 4-8**

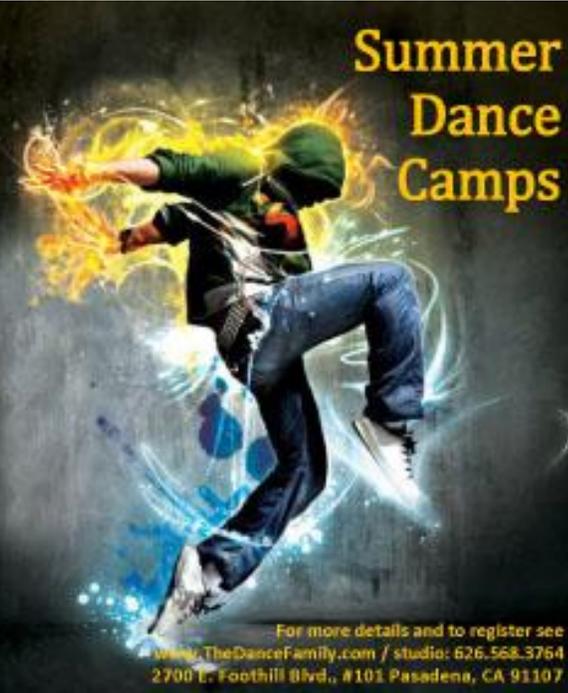
**Summer Dance Camps**

Hip Hop for ages 7-12  
M-F 10am- 3pm

students have option to perform on  
National Day of Dance  
Hollywood Walk of Fame

Space is limited  
Register Now!

For more details and to register see  
[www.TheDanceFamily.com](http://www.TheDanceFamily.com) / studio: 626.568.3764  
2700 E. Foothill Blvd., #101 Pasadena, CA 91107



# “I Think You Can Dance Camp!”

**Registration**    June 23-27    July 7-11    July 21- 25    Aug 4-8      **Time:** M-F, 10-3pm

**Cost:** \$395\* (discounts available online)      \* T-shirt for those participating in optional performances additional \$20

## Hip Hop / Technique / Core Training

- Core training
  - Pilates
  - Popping
  - Locking
  - Waving
  - Tutting
  - Robotix
  - Breaking
  - Krumping
  - Freestyle
- (exact Hip Hop variations subject to updates)



Name of student \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Parent contact \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_ Allergies \_\_\_\_\_

**Insurance/Release:** I hereby waive and release Francisco and Stacey Martinez, The Dance Family Studio, as well as all of their agents, employees and volunteers from any and all liability for any claim, damage or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to my participation in this event. I release the student's image for use in marketing photos or promotional materials. I understand and I am aware that this activity involves physical activity and risk, including but not limited to dancing, running and standing or sitting in open areas. I represent that I am in appropriate medical condition to engage in this activity, and I assume all risks associated with this activity. I agree to follow the directions of any and all supervising adults, such as Dance Family staff. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or unsportsmanlike manner, will be a basis from my being precluded from continuing to participate in this activity without refund of any fees or expenses paid, or from being allowed to participate in future activities. In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment. I agree and consent to the foregoing. I hereby acknowledge that I am choosing to participate at my own risk. There are no refunds. I have read, understand, and agree to all the above registration information and policies.

Parent Signature \_\_\_\_\_