

# 2026

# DE

DANCE EMPIRE

## SUMMER INTENSIVES



## REGISTER NOW

INT / ADV / PRE-PROFESSIONAL LEVELS - ALL AGES

ONE-TIME SUMMER REGISTRATION FEE: \$100

\$250 per Intensive / \$150 per mini-intensive (weekend)

**EMPIRE**

**DANCE SKILLS (TOOLS)**

TUESDAY, JUNE 2 – FRIDAY, JUNE 5

4:00–7:00 PM

**FLEXIBILITY & CONDITIONING TECHNIQUES  
(BARRE & STRETCH)**

MONDAY, JUNE 8 – THURSDAY, JUNE 11

4:00–7:00 PM

**ACRO WEEKEND 1**

FRIDAY, JUNE 12 – SATURDAY, JUNE 13

1:00–4:00 PM

**TURNS, JUMPS & CONDITIONING**

MONDAY, JUNE 15 – THURSDAY, JUNE 18

4:00–7:00 PM

**TAP WEEKEND 1**

FRIDAY, JUNE 19 – SATURDAY, JUNE 20

1:00–4:00 PM

**CONTEMPORARY & JAZZ**

MONDAY, JUNE 22 – THURSDAY, JUNE 25

4:00–7:00 PM

**DANCE TEAM SKILLS – WEEKEND 1**

FRIDAY, JUNE 26 – SATURDAY, JUNE 27

1:00–4:00 PM

**HIP-HOP & JAZZ FUNK**

MONDAY, JUNE 29 – THURSDAY, JULY 2

4:00–7:00 PM



DANCE EMPIRE

**YAM**

**DANCE TEAM SKILLS**

MONDAY, JULY 6 – THURSDAY, JULY 9  
4:00–7:00 PM

**BALLET & POINTE – WEEK 1**

MONDAY, JULY 13 – THURSDAY, JULY 16  
4:00–7:00 PM

**ACRO WEEKEND 2**

FRIDAY, JULY 17 – SATURDAY, JULY 18  
1:00–4:00 PM

**BALLET & POINTE – WEEK 2**

MONDAY, JULY 20 – THURSDAY, JULY 23  
4:00–7:00 PM

**TAP WEEKEND 2**

FRIDAY, JULY 24 – SATURDAY, JULY 25  
1:00–4:00 PM

**HIP-HOP & JAZZ FUNK – WEEK 2**

MONDAY, JULY 27 – THURSDAY, JULY 30  
4:00–7:00 PM

**DANCE TEAM SKILLS – WEEKEND 2**

FRIDAY, JULY 31 – SATURDAY, AUGUST 1  
1:00–4:00 PM



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**BACK-TO-SCHOOL INTENSIVE  
(MEET YOUR 2026-2027 STAFF)**

MONDAY, AUGUST 3 – THURSDAY, AUGUST 6  
4:00–7:00 PM

**MUSICAL THEATRE DANCE – WEEKEND 1**  
FRIDAY, AUGUST 7 – SATURDAY, AUGUST 8  
1:00–4:00 PM

**PLACEMENT INTENSIVE (MANDATORY - ELITE)**  
MONDAY, AUGUST 10 – THURSDAY, AUGUST 13  
4:00–7:00 PM

**PLACEMENT & CHOREOGRAPHY WEEK  
(MANDATORY - ELITE)**  
MONDAY, AUGUST 17 – THURSDAY, AUGUST 20  
4:00–7:00 PM

**CHOREOGRAPHY WEEK (MANDATORY - ELITE)**  
MONDAY, AUGUST 24 – THURSDAY, AUGUST 27  
4:00–7:00 PM

2026-2027 ELITE COMPANY CLASSES BEGIN: SEPTEMBER 8, 2026



DANCE EMPIRE

8853 SW 132 Street, Miami, FL 33176  
danceempireofmiami@gmail.com | 305-232-5573

# SUMMER 2026

Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Name: (1) \_\_\_\_\_ Student Birth Date: \_\_\_\_\_  
(2) \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Allergies/Medical Problems/Physical Disabilities: \_\_\_\_\_

How did you hear about Dance Empire? Be Specific.

Newspaper: \_\_\_\_\_ Driving By: \_\_\_\_\_  
Word of Mouth? \_\_\_\_\_ Other: \_\_\_\_\_  
(Who): \_\_\_\_\_

### Waiver of Liability

The undersigned hereby waives any liability against Dance Empire, Inc. d/b/a Dance Empire; hereinafter referred to as Dance Empire, its administrators, agents, assigns, and all other persons, firms, corporations and educational institutions, who it might claim to be liable while acting within the scope of Dance Empire's activities, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever on account of all injuries, both to person and property, which may in the future result from any accident which might occur as a result of any social, educational, athletic, or any other event or activity sponsored, participated in or conducted by Dance Empire. The undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of allowing me, my child and/or surrogate to either attend classes, participate in events or travel with Dance Empire or its agents and /or employees, for the express purposes of precluding forever any future claims arising out of any possible accident suffered by the undersigned's child, surrogate or nominee, as the case may be. This waiver is binding on my heirs, executors, assigns and administrators. This is a voluntary waiver and the undersigned is aware of the risks of attending and participating in social, athletic and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I have read and understand all of the above on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20 26

Parent or Guardian Signature: \_\_\_\_\_

### Credit Card Agreement Policy

I hereby allow Dance Empire to maintain on file my credit card information. For regular dance classes I understand that I will be charged only two months over the summer; on June 8<sup>th</sup> and on July 13, 2026. We have a five-day grace period, and after the 5 days late you will be charged a \$25 late fee. For those attending camp or intensives, I understand that Dance Empire will automatically charge my credit card the first day of each week of summer camp or of the summer intensive attended, the amount agreed upon in this contract. I understand that after the 2<sup>nd</sup> day of each week attended if payment hasn't been made I will automatically be charged an additional \$10 late fee per child. I understand that any changes to my account shall be made in writing. Should you fail to notify us in writing to not charge your card as previously agreed, Dance Empire shall not be responsible for refunding monies. This includes dropping classes, switching classes, etc. I understand there will be NO REFUNDS, CREDITS, or EXTENDED PAYMENTS for missed classes. Upon registration; you will be charged a session registration fee of \$100 for the Summer Term.

At no time is the registration fee refundable, even if classes are dropped entirely or never attended.

This agreement is in effect from the signature date until the last day of our summer session in August 2026.

I have read and understand all of the above on this the \_\_\_\_\_ Day of \_\_\_\_\_, 20 26

Parent or Guardian Signature: \_\_\_\_\_ Weeks Registering for: \_\_\_\_\_

### Credit Card Information: MasterCard, Visa, or American Express

Name (as it appears on Card) \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature Panel Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_