

You're invited...  
**SKHS 'WOLF PACK'  
DANCE TEAM'S  
DANCE CAMP 2015!!!**

*\* Registration includes T-shirt*

*\* 3 Age Groups: K-2, 3-6 & 7-9*

*(Great opportunity for JH dancers interested in  
auditioning for the high school)*

*\* Performance @ SKHS*

*Competition Nov. 7<sup>th</sup>*

*(Free competition entrance for performers)*

Early Registration (Paid BEFORE Oct. 5th): \$50

Regular Registration (Oct. 25<sup>th</sup> - Nov. 1<sup>st</sup>): \$55

WHEN: Sunday, November 1<sup>st</sup> 1-4PM

WHERE: Academy of Dance

WHAT TO BRING: Clothes to move freely in (no skirts/dresses), clean  
tennis or dance shoes, water & snack

REGISTRATION: Form Attached/Reverse; Checks  
payable to SKHSDB (Boosters)

[skwolfpackdanceteam@gmail.com](mailto:skwolfpackdanceteam@gmail.com)

CONTACT:

SKHS 'Wolf Pack' Dance Team: Dance Camp Registration Form

*Camp Date: November 1<sup>st</sup>, 2015 Time: 1-4PM*  
*Location: Academy of Dance: 4280 SE Mile Hill Drive Suite 101*  
*Port Orchard, WA 98366*

Please detach this form with payment and insurance information and send to:

South Kitsap High School Dance Boosters  
c/o Jennifer Giuliani  
14739 Kay Greseth Ave SE  
Olalla WA 98358  
Please make checks payable to SKHSDB

- \$50 EARLY REGISTRATION DISCOUNT - Registered BEFORE Oct. 25th
- \$55 REGISTRATION - Oct. 25<sup>th</sup>- Nov. 1<sup>st</sup> (Day Of Registration)

T-SHIRT SIZE (Please Circle One):  
Youth-SM Youth-MED Youth-LRG Adult-SM Adult-MED

Participant's Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (2015-2016): \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Telephone-Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ (to confirm registration for updates)

Insurance Co: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Please note any specific medical conditions and/or allergies: \_\_\_\_\_

**Emergency contact information in the event that we are unable to reach you:**

Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

**WAIVER & RELEASE FORM**

I hereby authorize the South Kitsap High School Dance Team Booster Club to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with my child's attendance. Costs for treatment of injuries or hospitalization for illness or injury incurred during the program will be the responsibilities of the parent or guardian of the participant.

I hereby waive and release the South Kitsap School District, South Kitsap Dance Team, Academy of Dance and the South Kitsap High School Dance Boosters and all directors, coaches and instructors from liabilities arising from my child's participation and I know of no mental or physical condition, which might affect my child's ability to safely participate in this program. Any and all allergies or limitations are listed above.

South Kitsap School District does not sponsor, endorse, or recommend any of the organizations, services, or activities described in these materials. In consideration for the privilege to distribute these materials, South Kitsap School District shall be held harmless from any causes of action filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, judgments, or awards.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_