

You're invited...
**SKHS 'WOLF PACK'
DANCE TEAM'S
2016 WINTER DANCE
CAMP & CLINIC!!!**

* *Registration includes T-shirt*

* *3 Age Groups: K-2, 3-6, 7-11*

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

* *Performance @ SKHS*

Competition February 13th

(Free competition entrance for performers)

Returning Campers (Day of January 17th) \$45

Regular Registration (Day of January 17th): \$60

WHEN: Sunday, January 17th 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)

CONTACT: skwolfpackdanceteam@gmail.com

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

Camp Date: January 17th, 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

- \$45 Returning dance campers January 17th (day of camp)
- \$60 New dance campers January 17th (Day of camp)

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: _____