

Drop off 7:45-8 in MS Gym Wear comfortable clothes & sneakers

\*\* Parent Showcase in HS Gym 11-11:30am

\$30 INCLUDES SNACK & TSHIRT K-6TH GRADE

## **CAMPERS BRING WATER BOTTLE**

CAMPERS WILL PRACTICE BALLET, HIP HOP, SASSY WALK,
IMPROV, TUMBLING AND LINE DANCES AS WELL AS LEARN A
ROUTINE TO PERFORM

TURN IN FORMS & MONEY BY WEDNESDAY 2/28 TO GUARANTEE T-SHIRT!

WE WILL ACCEPT MONEY ON THE DAY OF CAMP BUT NO SHIRT WILL BE

GUARANTEED

MAKE CHECKS PAYABLE TO RMA

STUDENT NAME:

**GRADE:** 

**HOMEROOM TEACHER:** 

TSHIRT SIZE: YS, YM, YL, AS, AM, AL, AXL, A2XL

|                               | •                             | •      | •      | •      | •       | •       | •         |            |             |            |          |
|-------------------------------|-------------------------------|--------|--------|--------|---------|---------|-----------|------------|-------------|------------|----------|
|                               |                               |        | LIABIL | ITY RE | LEASE   |         |           |            |             |            |          |
|                               | DOES YOUR C                   | HILD H | HAVE A | NY ALI | ERGIES  | ?Y      | ESN       | 0          |             |            |          |
| IF YES, PLEASE LIST:          |                               |        |        |        |         | IS      | YOUR CHI  | LD CURREN  | NTLY ON AN  | NY MEDICAT | TIONS?   |
|                               |                               |        | Y      | ES _   | NO      |         |           |            |             |            |          |
| F YES, PLEASE LIST:           |                               |        |        |        |         | EMER    | RGENCY CO | ONTACT INF | ORMATION    | N – PLEASE | LIST TWO |
|                               |                               |        | CC     | NTAC   | TS.     |         |           |            |             |            |          |
| CONTACT NAME:                 |                               |        |        |        | RELATIO | NSHIP   | TO STUDE  | NT:        |             |            |          |
| (                             | CONTACT PHON <mark>E I</mark> | NUME   | BER:   |        |         |         |           |            |             |            |          |
| CONTACT NAME:                 | RELATIONSHIP TO STUDENT:      |        |        |        |         |         |           |            |             |            |          |
| (                             | CONTACT PHONE I               | NUME   | BER:   |        |         |         |           |            |             |            |          |
| THE PARENT/GUARDIAN OF A MINC | R STUDENT ATTE                | NDING  | RIVER  | MILL   | DANCE   | CAMP, I | UNDERSTA  | AND THAT   | THE RIVER N | MILL ACADE | MY STA   |
|                               |                               |        |        |        |         |         |           |            |             |            |          |

AS THE PARENT/GUARDIAN OF A MINOR STUDENT ATTENDING RIVER MILL DANCE CAMP, I UNDERSTAND THAT THE RIVER MILL ACADEMY STAFF AND HIGH SCHOOL CHEERLEADERS WILL MAKE EVERY REASONABLE EFFORT TO ENDURE THE SAFETY OF PERSONS INVOLVED IN ACTIVITIES AT DANCE CAMP. I FURTHER UNDERSTAND THAT RIVER MILL ACADEMY AND DANCE CAMP VOLUNTEERS WILL NOT BE RESPONSIBLE FOR ACCIDENT OR INJURY THAT MAY OCCUR AND I HEREBY EXPRESSLY WAIVE ANY CLAIM FOR LIABILITY AGAINST RIVER MILL ACADEMY, INCLUDING ITS EMPLOYEES AND REPRESENTATIVES, AND RELEASE THEM FROM ALL LIABILITY IN CONNECTION WITH DANCE CAMP AT RIVER MILL ACADEMY. IN CASE OF A MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT PARENTS OR GUARDIANS. IN THE EVENT THAT THEY CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE RIVER MILL ACADEMY STAFF OR REPRESENTATIVE TO SECURE MEDICAL TREATMENT FOR MY CHILD.