



Kaukauna Varsity Dance Team Winter Dance Camp



Friday, December 14th, 2018 4 p.m.- 7:10 p.m. Kaukauna High School 4K-8th

Clinic:

- 4:00 p.m.--Check-in - KHS Commons.
- 5:45 p.m. -- Pizza dinner break.
- 6:00 p.m. -- Game starts.
- 6:45 p.m. - 7:00 p.m. --Perform at halftime. (Time is tentative)
- 7:10 p.m. --Pick up your dancer in Auxiliary Gym following the performance. (Time is tentative)

Cost:

\$25.00 which includes t-shirt, full camp, and pizza dinner. (pizza, water bottle, chips & cookie) Please pack an alternative if your child has any dietary restrictions and/or would like something other than pizza.

Registration form, and payment can be dropped off at the Kaukauna High School Office. Registration deadline is: **Thursday December 6th, 2018**. (After deadline add \$5 late fee, not guaranteed a t-shirt)

*Payment methods: CASH or CHECK (Checks made out to Kaukauna High School)

SHOW OFF at the Varsity Basketball Half-time! (Game Starts at 6 p.m.)

- All dancers will receive a t-shirt to wear for the half-time performance and a pair of pom poms.
- Please wear appropriate attire for under t-shirt. (i.e. tank top or long sleeve shirt if cold etc.)
- Wear black bottoms (no jeans) and tennis shoes.
- Dinner for all participants (pizza, cookie, chips, water).
- Grouping will be done by grade level.

RETURN THIS PORTION ALONG WITH \$25 CASH or CHECK PAYMENT NO LATER THAN: 12/6/18

PARTICIPANT NAME: _____ GRADE _____

T-SHIRT SIZE (check one):

___ Child 6-8 ___ Child 10-12 ___ Child 14-16 ___ Adult Small ___ Adult Medium ___ Adult Large

I, _____, do hereby acknowledge that _____ is presently under my care and that I possess the authority to grant the permission and authorization state herein. The participant has no conditions, which would prohibit or restrict his/her participation with the Kaukauna Dance Kids Clinic. I authorize any representative of the Kaukauna Dance Team to locate qualified and licensed medical personnel and/or transport my child to an appropriate medical facility in the event that it may become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

Home Phone _____ Parent/Guardian/Custodian _____ Date _____

Alternative Phone _____ Address/City/State/Zip _____

E-Mail Address _____

Family Doctor _____ Phone Number _____

Insurance Company _____ Policy Number _____

Pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

FORMS & \$25 PAYMENT (CASH or CHECK)

Checks can be made out to "Kaukauna High School"

can be dropped off at the Kaukauna High School Office

Registration deadline is: Thursday December 6th, 2018

Questions/More Information at:

Visit: kaukaunadanceteam.com

Or contact Coach Courtney Meehan at (920)268-5719 or Coah Mari Van Asten at (920) 851-8075

