

Jr. Senators Dance Camp

Sponsored By

Springfield High School Scarlet Line Dance Team

- Date:** Friday, October 14, 2016
- Where:** Springfield High School Commons (entrance North Parking Lot)
- Registration:** Commons at SHS 3:30 p.m.-4:00 p.m.
- Cost:** \$35 per participant (Girls and Boys K-8th grade) – checks payable to SHS (Registration Fees are Non-Refundable)
- Time:** 4:00 p.m. – 5:30 p.m.

The Camp includes: Jr. Senator's camp shirt, dance instruction, pizza/drink and free admission to the game.

The Jr. Senators Camp participants will perform at the SHS Football game on Friday, October 14, 2016. Parents should pick your child up at 5:30 p.m. and go to the Memorial Stadium located on North Grand. A representative will meet you at the gate to escort your child to the performance area. After they perform your child may sit with you.

Participants should wear black shorts/leggings and camp t-shirt with tennis shoes

Mail Applications/Fee by FRIDAY, SEPTEMBER 23, 2016 to:

Springfield High School
Attention: Shannon Bellini, Scarlet Line
101 S. Lewis Street
Springfield, Illinois 62704

We must receive application/fee by this date to guarantee the participant has a t-shirt. All applications/fees received after the deadline date or registering that day of the camp will have t-shirt ordered and will be notified of a pick-up time at the school.

Complete Application/Camp Release/Waiver and Emergency Information on back of this page.

One Entry to Form-

PLEASE PRINT:

NAME: _____ AGE _____ GRADE _____

ADDRESS _____

CITY _____ PHONE _____

PARENT(S) OR GUARDIAN'S NAME _____,

SIZE OF T-SHIRT: (please circle)

YS YM YL Adult Sizes: S M L XL

CAMP RELEASE/WAIVER

I, _____, do hereby grant permission
(Print Name)

for my child to participate in the 10/14/16 Dance Camp at SHS and to perform at SHS Football game. My child is in good health and is physically able to participate in this sport related activity. I am aware that I am responsible for any cost related to accidental injury releasing Springfield High School, Scarlet Line Dance Team members/coaches/and any individual volunteering to assist with the camp from responsibility during my child's participation.

Parent /Guardian signature and date:

_____ Date: _____

IN CASE OF EMERGENCY:

Contact Person: _____

Phone: _____ Relationship: _____

Alternate Contact Person: _____

Alternate Phone: _____