Studio H Summer Camps

JUNE DANCE CAMP

June 20-22

Tropical Paradise – (ages 3-10 yrs old)

9:00-12:00 a.m.

Come dance, create, tumble, build, listen and dress up. We will learn and play together and have a short parent program on the last day. Come join the fun and dance with us this summer.

(FREE camp t-shirt included)

Cost - $65 (Must pay full amount when you register)\*\*family discount below

Revive Dance Intensive – (ages 11 & up)

 4:00-7:30 p.m.

Come ready to enjoy 3 days filled with movement and rhythm in dance. We will specifically be working on flexibility, stretching technique, strength building skills for turning and leaping as well as learning some new dance combinations throughout the intensive. Come develop your dance skills with us!

(FREE camp t-shirt included)

Cost - $85 (Must pay full amount when you register)

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**To Enroll - Email** to studiohdance@gmail.com or mail to: Heidi Lynch, 3204 Marshall Rd, Ottawa, KS 66067

**Payment:** Cash/Check to Studio H/Venmo@Heidi-Lynch-2 by June 1st

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_ M / F

Parents/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Birthdate\_\_\_\_/\_\_\_\_\_\_/\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Mom’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dad’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail (Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_

T-shirt Size - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I want to enroll in: (check all that apply)**

☐June morning Summer Camp

☐June evening Summer Camp

\*Limited space for these camps so register NOW. Registration due by June 1st! Bring a non- studio friend and get $10 off your registration. **Please complete the waiver form below.**

**\*\*$10 off for 2nd child, $15 off for 3rd, etc.**

**Waiver of Liability 2023**

**ASSUMPTIONOF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DAMAGES OR DEATH**

As a parent or legal guardian of **(Child’s/Children’s Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I hereby consent to his/her participation in dance, special events, private lessons, & activities and any and all other programs and activities offered by, Heidi’s Dance Academy. I understand that participation in the dance at Heidi’s Dance Academy, may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains, tears, broken bones and severe injuries such as paralysis, permanent disabilities, and even death from various causes, known or unknown, which include, but are not limited to the heights of the equipment, the body shape, rotation and or twisting during certain movements or in a unique environment. I am fully aware of the inherent risks involved in dance, special events, private lessons, and any and all other programs and activities offered by Heidi’s Dance Academy. I am fully aware of the inherent risks involved in afore mentioned activities. In consideration for allowing my child(ren) to participate in activities offered at Heidi’s Dance Academy. I, my heirs and assigns next of kin, and all other acting on my behalf agree to wave and all rights, claims, damages, actions, cause of action or suits of any kind or nature whatsoever which I have or my child(ren) and to indemnify, defend and hold harmless Heidi Lynch or Heidi’s Dance Academy employee(s), representatives or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future and agree not to sue. Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. I am 18 years of age or older, this acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily.

**PRINTED NAME OF PARENT/GUARDIAN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

**MEDICAL AUTHORIZATION**

I fully understand that the owner and staff at Heidi’s Dance Academy, located at 506 S. Main, Ottawa, KS are not physicians or medical practitioners of any kind. With that in mind, I hereby release Heidi Lynch and Heidi’s Dance Academy employee(s), to render first aid to my child(ren) in the event of any injury or illness, and if deemed necessary, to call an ambulance which I agree to pay for. As parent/legal guardian, I agree to provide health insurance for the minor child(ren) and or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities at or with Heidi’s Dance Academy.

**INITIALS X\_\_\_\_\_\_\_\_**

Does your child(ren) have any medical conditions (mental or physical) or medications we should be aware of , including but not limited to (circle all that apply): seizures, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, high blood pressure, diabetes, autism, epilepsy, heart conditions etc. \*\*\*ALL above conditions require a Doctors Release claiming you child(ren) are fit enough to take “dance, special events, private lessons, and any and all other programs and activities offered by Heidi’s Dance Academy. \*\*\*List any other medical conditions such as asthma, previous broken bones, or concerns you want Heidi Lynch and Heidi’s Dance Academy employee(s), to know. Or write “None\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my child(ren) requires an inhaler to be brought to class, I understand that I am required to stay with him/her or get a Doctor’s Release.

**PARENT/GUARDIAN SIGNATURE X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**