

**SHS Dance Mini Camp**  
Hosted by the SHS Dance Team  
**Friday, October 13, 2023**

**Dance Mini Camp —Grades Pre-K through 6th**

**TIME:** 8 a.m. – 11:30 a.m.

- Sign in begins at 7:30 with camp starting promptly at 8:00.

**WHERE:** Partnership Middle School Gymnasium

**COST:** \$30

**CAMPERS WILL:**

- Learn a dance.
- Meet the SHS Dancers!
- Be provided bottled water, snack and popsicle.
- Receive a free ticket to the high school football game on October 13<sup>th</sup>.
- Receive a Mini-Camp t-shirt! (t-shirts will be given at the end of camp)
- Perform for family and friends at halftime of SHS football game on October 13<sup>th</sup>.
- Be taught by current SHS Dancers and supervised by current program coaches.

**To REGISTER:** Please fill out the registration form on the back and return to your child's school office by **September 15<sup>th</sup>** with a payment of \$30 per participant.  
Make checks payable to SHS Dance Team.

\*\*\*Please wear athletic shoes and clothing. Hair must be pulled back and off the shoulders. For safety purposes no jewelry or gum is permitted. If you have any questions, please feel free to contact Coach Holly at (662) 426-1813 or aholly@starkvillesd.com.



**JACKET  
DANCE**

# **SHS Dance Mini Camp Hosted by the SHS Dance Team**

**Registration Form – Due no later than Friday, September 15<sup>th</sup>**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

**Shirt Size: Youth: S M L XL or Adult: S M L XL (Circle One)**

***Please return this completed and signed form to your child's school office. Please include your registration fee of \$30 payable to SHS Dance Team.***

## **SHS Dance Mini Camp Medical and Liability Release:**

\_\_\_\_\_ elects to take part in the SHS Dance Team event, which is sponsored by the SHS Dance Team. I/We understand that our son/daughter is required to be in good physical shape and condition and that the activities, which he/she will be asked and expected to participate in, are strenuous and require physical and athletic agility. I/We understand that dance is an activity in which the risk of injury is high; that any one of the routines involving our son/daughter's participation in dance activities in general could lead to serious injury, including partial or total paralysis, even death. I/We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. I/We represent to that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity.

I/We agree to, and by the signing of the agreement, release the coaches, volunteers, staff of Starkville High School, and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in the Starkville High School Dance Mini Camp on October 13, 2023.

I/We further acknowledge that the above individual is covered by health insurance the particulars of which are described below. I hereby agree that we are responsible for any required medical treatment, and give permission for my child to receive medical treatment in the event that I am unable to be contacted. In order that participant may receive necessary treatments, I hereby hold Starkville High School and their Dancers, and coaches harmless in the exercise of this authority.

Name of Participant: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ alt: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Address of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

State any pre-existing conditions, allergies, medications, etc.: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUNDS WILL BE GIVEN.**