



Little Chute Dance Team Football Dance Camp



Friday, September 22th, 2017 4 p.m.-8 p.m. Little Chute High School K-8th

Clinic:

4:00 p.m.--Check-in

6:00 p.m.--Hot Dog Supper Break

7:45 p.m.--8:00 p.m.--Perform at Football Game Halftime (time is tentative)

8:00 p.m.--Pick up your dancer in commons directly after performance

Cost:

\$20.00 which includes t-shirt, hot dog dinner. (hot dog, water bottle, chips & cookie) Registration form, and payment
CASH ONLY can be dropped off at the Little Chute High School Office.

Registration deadline is: **Friday, September 15, 2017 (After deadline add \$5 late fee, not guaranteed a t-shirt)**

***Please make sure your dancer has a small snack before coming to camp**

*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 (hot dog, cookie, chips, water).

*Grouping will be done by grade level.

SHOW OFF at the Varsity Football Half-time! (Game Starts at 7 p.m.)

****In Case of bad weather performances will be moved to the high school field house during half-time**

RETURN THIS PORTION ALONG WITH \$20 CASH PAYMENT NO LATER THAN SEPT 15, 2017

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 Little Chute Dance Camp. I authorize any representative of LCHS 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 & \$20 CASH ONLY PAYMENT

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**Any Questions??? Visit: littlechutedanceteam.com
Or contact Coach Beth DeBruin at (920)858-9039
FOR MORE INFORMATION VISIT OUR WEBSITE:
www.littlechutedanceteam.com**

