

Lines in Motion Dance Team Bootcamp August 5th-9th, 2019

Boot Camp: August 5th-8th 9:00am-12:00pm

Followed by auditions for team: August 9th 9:00am-12:00pm

Cost \$100 for the week. If you make the team there will be an additional rehearsal on August 10th and 11th 9:00am-12:00pm.

During the school year, both Dance Teams meet Wednesdays 4:30pm-5:30pm for technique and on Thursdays 7:15am-8:15am for conditioning. Advanced Team rehearses on Wednesdays 5:30-7:00pm and Intermediate Team rehearses on Thursdays 4:30-5:30pm (\$100 per semester team donation)

To Enroll

Drop off your completed forms or mail them to:

Nevada Union High School Attn: Dance Studio 11761 Ridge Road Grass Valley, CA 95945

Call the Dance Department at (530) 273-4431 ext. 2103 or email us at cwadman@njuhsd.com Visit our Website: www.nevadauniondance.com

Cost

\$100 donation

Cash or Checks payable to Nevada Union Theatrical Dance.

Your payments support our non-profit dance program to provide master classes from professional dance teachers and guest choreographers from across the country, and it will help students to attend field trips, to purchase costumes and production supplies, and more!

Dress Code

- Girls: any color leotard, tights or leggings or bike shorts, socks or jazz shoes, hair secured away from face
- Boys: T-shirt or tank top (or leo), shorts or leggings, socks or jazz shoes, hair secured away from face



Student Information, Voluntary Activity Waiver, Release, and Indemnity Agreement

Student's Name:	Student's Age:
Parent/Guardian Names:	
Mailing Address:	
Home Phone:	Cell Phone:
Email Address:	
Emergency Contact Name:	Emergency Phone:
Please list any physical/health/special needs the stude	ent has that might impact her/his participation:
injury, property damage, or wrongful death occurring to him/activity or activities incidental thereto wherever or however thim/herself, his/her heirs, executors, administrators, and assign of action which may hereafter arise for him/herself or his/her heirs, executors, administrators and assigns prosecute, present against the Nevada Joint Union High School District or any of whether the same shall arise by the negligence of any said per late of the interval	ves and relinquishes any and all actions or causes of action for personal therself arising as a result of engaging in or receiving instructions in said the same may occur and continue, and the undersigned does for gns hereby release, waive, discharge, and relinquish any action or causes restate, and agrees that under no circumstances will he/she or his/her any claim for personal injury, property damage or wrongful death of its officers, agents, or employees for any of said causes of action, ersons, or otherwise. INSTRUMENT, TO EXEMPT AND RELIEVE NEVADA JOINT Y FOR PERSONAL INJURY, PROPERTY DAMAGE OR
injury, property damage or wrongful death shall be prosecuted indemnify and save harmless the same Nevada Joint Union H whomever or wherever made or presented for personal injurior. The undersigned acknowledges that he/she has read the foregonal been fully and completely advised of the potential danger fully aware of the legal consequences of signing this instrumed (FOR USE BY PARENT OR GUARDIAN OF PARTICIPAN	going Waiver of Liability Notice and the foregoing three (3) paragraphs, rs incidental to engaging in the activity and instructing of activity, and is

SIGNATURE OF PARENT/GUARDIAN: _____DATE: ____

NUHS THEATRICAL DANCE CONSENT TO TREAT FORM

Student Name:						
First		Middle	Last			
AUTHORIZATION FOR TREATMENT OF A MINOR						
I (we) the undersigned parent(s x-ray examination, anesthetic, r member of the medical staff and dentist licensed under the provi of any specific diagnosis, treatm care which the aforementioned that effort shall be made to contreatment will not be withheld if	medical or surgical diag d emergency room staf isions of the Dental Pra nent, or hospital care bo physician in the exercis tact the undersigned pr	nosis returned uf licensed under ctice Act. It is uneing required buse of his/her bes	nder the general or spet the provisions of the Me derstood that this autho t is given to provide auth t judgment may deem ad	cial supervision of any dical Practice Act or a rization is given in advance ority and power to render dvisable. It is understood		
Should any responsible school made, the undersigned do (doe or surgical care that is consider	es) hereby delegate to the					
THIS FORM IS NOT REVIEWE This health information will be p				TIVITIES		
Birth Date:	_ Last Tetanus or DP	T:	Today's Date:			
List all medications the student	takes:	· · · · · · · · · · · · · · · · · · ·				
NOTE: If student needs to tak parent's responsibility to con				ealth concerns, it is the		
List any restrictions or other	pertinent medical info	ormation, includ	ling any allergies to fo	od or drugs:		
Student Insurance Info:						
Company:				_		
Policy/Group #:				_		
Insured's Name:				_		
Family Doctor:		_ Phone:		_		
I request in the case of medical doctor or medical facility to			he supervisor take the	above named student to		

Signature of Parent/Legal Guardian: