

Summer Dance Camps

June 17th-21st, 2019 + July 15th-19th, 2019

Camp	Age	Time	Instructor
Kids Dance	Ages 4-6	9:00-10:00 a.m.	Gaby Blaney
Kids Dance	Ages 7-10	10:00-11:00 a.m.	Gaby Blaney
Intermediate Intensive	Ages 11-17	11:00-1:30 p.m.	Various Instructors
Advance Intensive	Ages 13 and up	1:30-4:00 p.m.	Various Instructors

About the Classes

Kids Dance 4-6 will introduce children to the basic concepts of rhythm and movement using creative games, ballet and jazz technique, as well as acro/tumbling. They will learn spatial awareness, listening skills, group socialization and structure. Our goal is to make sure we are building the love of dance in each child, nurturing their natural creativity in a fun and loving atmosphere.

Kids Dance 7-10 will combine elements of jazz dance, acro/tumbling, and hip hop exercises as well as choreography. This hour long class is taught by Gaby Blaney, the Assistant Director of Dance at Nevada Union High School. Ms. Blaney received her BA in Dance from UC Irvine and danced professionally in New York City for six years.

Intermediate Intensive (Ages 11-17)

This 2 1/2 hour intensive is designed for middle school to high school aged dancers with an intermediate level of dance training (or at least one year in beginning level dance). Each day will include two one-hour and 15 minute classes and will challenge your dancer with new technique, across the floor progressions, and choreography. Each day will be varied instructors to offer a diverse range of training and style! The week will end with an informal performance in the dance studio for family and friends.

Advanced Intensive (Ages 13 and up)

This 2 1/2 hour intensive is designed for advanced level dancers. Each day will include two 1-hour and 15 minute classes in a variety of styles, taught by instructors from the NU dance department. Each class will include technique, across the floor progressions, and choreography. The week will end with an informal performance in the dance studio for family and friends.

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

Kids Camps: \$60 per week or **\$50 per week if register before May 31st, 2019.**

Beg/Int and Advanced Intensives: \$110 per week or **\$100 per week if register before May 31st, 2019.**

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**

June 17th-21st, 2019

July 15th-19th, 2019

- Kids Dance (Ages 4-6) 9:00am-10:00am (\$60/week, early bird special \$50 by May 31st)**
- Kids Dance Class (Ages 7-10) 10am-11am (\$60/week, early bird special \$50 by May 31st)**
- Intermediate Intensive (Ages 11-17) from 11:00am-1:30pm
(\$110 per week or \$100 per week if register before May 31st, 2019)**
- Advanced Intensive (Ages 13-18) 1:30pm-4:00pm (same price as intermediate intensive)**

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 student has that might impact her/his participation:

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to him/herself arising as a result of engaging in or receiving instructions in said activity or activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action which may hereafter arise for him/herself or his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Nevada Joint Union High School District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise.

IT IS THE INTENTION OF [PARTICIPANT] BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE NEVADA JOINT UNION HIGH SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Nevada Joint Union High School District he/she shall indemnify and save harmless the same Nevada Joint Union High School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of activity, and is fully aware of the legal consequences of signing this instrument.

(FOR USE BY PARENT OR GUARDIAN OF PARTICIPANT UNDER AGE 18): I represent that I am a parent/legal guardian of the minor named above and I agree that the liability waiver and policies acknowledgement contained therein binds me and said minor to all terms thereof.

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) or legal guardian of the above-named minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis returned under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Should any responsible school representative be unable to contact the undersigned after a reasonable attempt has been made, the undersigned do (does) hereby delegate to the responsible school representative the right to authorize medical or surgical care that is considered essential.

THIS FORM IS NOT REVIEWED BY SCHOOL MEDICAL PERSONNEL PRIOR TO TRIPS/ACTIVITIES
 This health information will be provided to medical care personnel in case of an emergency.

Birth Date: _____ Last Tetanus or DPT: _____ Today's Date: _____

List all medications the student takes: _____

NOTE: If student needs to take medications during the class/workshop or has special health concerns, it is the parent's responsibility to contact the Dance Department prior to the class.

List any restrictions or other pertinent medical information, including any allergies to food or drugs:

Student Insurance Info:

Company: _____

Policy/Group #: _____

Insured's Name: _____

Family Doctor: _____ Phone: _____

I request in the case of medical emergency, illness, or injury that the supervisor take the above named student to a doctor or medical facility to receive emergency treatment.

Signature of Parent/Legal Guardian: _____