

Tri-Center Dance Team Spooktacular Dance Camp

For Students Pre-K thru 8th Grade

Practice Date: Friday, October 17th, 2014

Practice will be held in the High School Gym from 9:00am -3:30pm.

Performance Date: Friday, October 17th, 2014

Jr. Dancers need to arrive no later than 6:00pm.

They will be dancing at approximately 6:30pm before the High School Football Game.

Cost: \$35.00

Includes dance instruction, Halloween activities, and drinks & snacks during practice.

Parents,

Participants should wear comfortable clothing and shoes to practice on Friday, October 17th. The day will be filled with instruction and Halloween activities. **Please send a sack lunch with your daughter, only snacks and drinks will be provided.** On the evening of the performance your daughter is asked to wear her Halloween costume or Tri-Center apparel and comfortable shoes.

Please have your daughter to the football field in front of the grand stand by 6:00pm on Friday, October 17th. They will be dancing at approximately 6:30pm before the High School Football game. There will be regular admission to get into the show/game for everyone but performers.

Please fill out the form below and return it with the \$35.00, to school with your child, by Thursday, October 16th. If you cannot get your child picked up by 3:30pm please let us know and we can discuss another option. If you have any questions, please email or call Linnea Handbury at lhandbury@tctrojan.org or (712)485-2257.

Please return bottom portion only

My Child _____, grade _____, has my permission to participate in the Jr. Dancer Camp and performance on Friday, October 17th. I understand that my child is to go to the High School gym and be picked up promptly after camp. Also arrive at the High School Football Field and be picked up promptly after performance. Included is \$35.00 for the camp fees (**make checks payable to Tri-Center Dance Team**).

I acknowledge that my child and I know the risks involved in athletic participation, understand that injuries are possible in such participation and choose to accept any and all responsibility for their safety and welfare while participating in the camp. I hereby give consent, in case injury occurs, for the coaches to secure treatment at the best facility available to them. The Tri-Center School District/Dance Team will not be responsible for payment of bills resulting from athletic injuries. I release and hold harmless the Tri-Center School District and the coaching staff for any injury or claim resulting in the athletic participation of my child.

Parent Name (Please Print) _____ Phone _____

****Please Note any allergies that your child may have or any other special instructions****

