

2018 McIntosh Chiefettes Summer Mini Dance Camp

July 16-19 * 9 am-12 pm

For students in Pre-K through 8th grade who are interested in jazz, ballet and hip hop

\$100 before June 30th

\$125 after June 30th

Siblings: \$80 before June 30th/\$100 after June 30th

Cost includes instruction, t-shirt, and daily snacks

Contact Fayette County Community School at 770-460-3990 Ext. 470 to register



Please cut along dotted line and keep top portion

My child is registering for: <input type="checkbox"/> Dance Camp <input type="checkbox"/> Dance & Cheer Camp		
Child's Name:		Parent Name:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
School:	Fall 2018 Grade: <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
Allergies:		
T-Shirt Size: Youth Sizes <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL		Adult Sizes <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Emergency Contact:		Emergency Contact Phone:
Payment:	AMOUNT PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	CHECK NUMBER:
Special Instructions/Requests:		
Waiver: The undersigned parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Education and all employees and members of the same, for any injuries or damages. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency, and I cannot be reached, I give the McIntosh Chiefettes Adult Coordinator permission to seek immediate medical attention for my child.		
Parent/Guardian Signature: _____		Date: _____
Photo Waiver: I agree to grant FCBOE and it's authorized representatives permission to record on photography film/digital and/or video, pictures of my child's participation in mini camp activities. I further agree that any and all of the material photographed/recorded may be used, in any form, as part of promotional, social media, or printed materials used to promote McIntosh Chiefettes, and further as such use shall be without payment of fees, royalties, special credit or compensation.		
Parent/Guardian Signature: _____		Date: _____
<input type="checkbox"/> I do not want my child photographed during camp		
Parent/Guardian Signature: _____		Date: _____