

## **Registration Form**

(Please print ALL three pages. First page needs to be scanned, filled out and sent via-email to [adadanceinfo@gmail.com](mailto:adadanceinfo@gmail.com), Waiver forms must be filled out by all participants and turned into team registration the day of the event.

Name of School: \_\_\_\_\_

Director Name: \_\_\_\_\_

Director Email (should email have changed, please provide us with your email)  
\_\_\_\_\_

Director Phone Number: \_\_\_\_\_

Please circle below the camp you wish to attend:

### **Officer/Leadership Camp**

Number of Students attending: \_\_\_\_\_ Number of Directors attending: \_\_\_\_\_

### **Team Intensive Camp (Commuter \_\_\_\_ or Resident \_\_\_\_)**

Number of Students attending: \_\_\_\_\_ Number of Directors attending: \_\_\_\_\_

Commuter Meal Plan (only for team camp commuters) YES OR NO? \_\_\_\_\_

### **Private One- or Two-Day Workshop**

One- or Two-Day Camp \_\_\_\_\_ Number of students attending: \_\_\_\_\_

Please provide dates interested: \_\_\_\_\_

## **Payment**

Should be submitted in one of the following forms:

- A single school checks
- Booster Club check
- PayPal – an email will be sent with your invoice link for online payment if requested

## American Dance Alliance

### Liability Release/Waiver/Medical Information

Event: Summer Intensive Camp \*All students must complete form completely to participate \*  
Parent/Guardian signature is required

#### Participant Information

First Name \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School \_\_\_\_\_

Team Name \_\_\_\_\_

List any medical Conditions we need to be aware of in case of an emergency \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

I hereby waive American Dance Alliance, and all hired staff and volunteers, Miami Dade County Public Schools, Florida Board of Trustees and duly authorized agents, servants, or staff of all responsibility in the event of any type of injury, health condition, or physical problem that my son/daughter may already have or receive as a participant in any American Dance Alliance event including but not limited to Regional Dance Contest, State dance contest, Dance Camp/ workshop et al. Please note injuries can be severe in nature including but not limited to broken bones, torn ligaments, sprains, paralysis and even death. I certify that my son/ daughter has no health or physical defect, which will hamper his/her ability to participate in the American Dance Alliance Contest.

My son/ daughter is covered by adequate health insurance to cover any cost of any accident and /or injury that may occur to him/ her during American Dance Alliance dance camp. Any costs not covered by insurance will be my responsibility as parent/ guardian. I give my consent for my child to receive emergency medical care and / or be transported by ambulance or other conveyance to a doctor or hospital for attention or treatment. I have read and I understand all the points. I give my son/daughter my permission to participate in the Dance Camp. In addition, I agree to the following two clauses. Media Release: 1. By signing the waiver, I hereby release any photos and/or video footage taken during any American Dance Alliance event. 2. I understand that these photos and/or video will be in good taste and could be used for American Dance Alliance promotional media including but not limited to social medial, web pages, instagram, etc.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Officer/Leadership Schedule

## American Dance Alliance 2021 Officer/Leadership Camp

<b>Day 1/Time</b>	<b>Activity</b>	<b>Instructor</b>
8:45am	Check-In	Jimmy
9:00am	Intro	Jimmy
9:20am	Warm - Up	Staff
10:00am	Technique Class	Staff
10:45am	Hip Hop Routine	Jimmy
	<b>1:00pm Lunch Break</b>	
1:30pm	Officer Challenge	Staff
2:15pm	Contemporary Routine	Monica
4:25pm	Evaluation Seminar	Staff
4:45pm	Cool Down	Monica
5:00pm	Dismissal	Staff
<b>Day 2/Time</b>	<b>Activity</b>	<b>Instructor</b>
8:45am	Roll Call	Staff
9:00am	Warm - Up	Student Lead
10:00am	Technique Class	Student Lead
11:00am	Officer Challenge	Staff
11:20am	Jazz Routine	Kim
	<b>1:15pm Lunch Break</b>	
2:00pm	Communication Seminar	Arianne
2:30pm	Review All Routines	Staff
3:30pm	Evaluations	Staff
4:15pm	Award Ceremony	Staff
4:45pm	Dismissal	Staff