



Dance Expressions

Day Off School Dance Camp!



DANCE



ROCKS

NOV. 4th!

Day off School Dance Camp at NEW Studio!

Registration must be completed by one week before the Camp!

Dancer's Name: _____ Age: _____ Birthday: _____

Parent(s)/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Does your dancer have any medical conditions or food allergies we need to be aware of? _____

8:30 AM – 2:30 PM - \$60/Student Ages 6 – 12 yrs.

DANCE CLASSES & CRAFTS – DRESS in **OSU or **MICH** Colors!**

BRING: DANCE SHOES – WATER BOTTLE-SNACK-LUNCH

AGE 6 – 7 _____ AGES 8–9 YRS. _____ 10 – 12 YRS. _____

CAMP INFOR: Dance Camp offers the opportunity to try new styles of Dance. **WHAT TO WEAR:** fitted tank top & shorts Capris.. **WE HAVE SHARE SHOES!** Bring any dance shoes which you own, marked with Dancer's name, and borrow shoes which you do not have. Socks or tights must be worn with all borrowed dance shoes. **HAIR:** Pulled back & secured neatly when Dancers arrive at Camp. Bring your own Water Bottle, marked with NAME! **BRING SNACKS & LUNCH..** We do not allow sharing of snacks. **CAMP CONFIRMATIONS** will be E-mailed. **DROP OFF 8:25 AM PICK UP 2:30 PM**

Liability Release

I understand and agree to the tuition and late fees that apply to *Dance Expressions, LLC*. In the event of a physical injury sustained by my son/daughter, while participation in class, rehearsal and/or performance; I hereby agree not to hold Dance Expressions, LLC and/or Dance Expressions employees and/or Owners responsible. My permission is granted to use photos taken of my child, on the Dance Expressions Web Site, Instagram, and Facebook page. I agree to follow ALL necessary Covid protocols, for myself and my dancer/s, when posted/communicated by Dance Expressions, to myself.

Parent/Guardian: _____ **Date:** _____

Dance Expressions – 1124 Corporate Dr. - Holland OH, 43528 419-893-6000

Danceexpression1@aol.com

FOR OFFICE USE: CHECK # _____ CASH\$ _____ AMT. _____