

Wild West Adventure Arts Camp

at Trinity Dance and Fitness Studios

“VISUAL, PERFORMING, MARTIAL, & SURVIVAL ARTS FOR THE WHOLE FAMILY”

10 NUGGET LANE, WEAVERVILLE



TRINITYDANCEFIT@GMAIL.COM

WHEN TO ARRIVE/DEPART

Drop-off and Pick-up times are flexible between 8am and 6pm. Wild WAAC begins accepting kids, ages 4 to 12, at 8am. Structured activities begin at 8:30. Children must be picked up before 6pm to avoid late charges. Students that are not picked up prior to the end of camp may also be adopted by the teacher or put to use scrubbing toilets with their tooth brushes. We can't guarantee space for drop-ins.

WHAT TO BRING

- 🍏 **FOOD**- We may dance and sing to: “The Lunch Lady Blues,” but that’s as close as we come to being one. Please pack nonperishable lunch, morning and afternoon snacks, and make sure your child has had a good breakfast before Wild WAAC. We do not feed wildlife. [We can hardly afford to feed our own.]
NOTE: The instructor is highly allergic to bananas, including the oils in the peels. They are not allowed.
- ≈ **WATER BOTTLE**- Please send your student with a refillable water bottle labeled with his/her name.
- ⊠ **ELECTRONICS- NONE!!!!!!** We do not allow children to be on electronics while at Wild WAAC and will not be responsible for any lost, broken, or stolen gadgets of any kind (and that includes watches.)
- ∞ **DANCE SHOES (NOT required)** - If your child has a pair of tap [or other dance] shoes, he or she may bring them. Used, new, & discounted shoes are available at TDFS and allowed but not required for camp.
- ⚠ **RE: MEDICATIONS** - Do not send medication with your child! We are not equipped to store, administer, or supervise the administration of medications. If your child has such medical needs, please plan to stop by the studio at the proper time so that you can administer any medications yourself. We do have an epi pen on hand; if your child has any known allergies, please let us know, and we’ll do our best to keep him/her away from the allergen (although we can’t guarantee containment.) We will ask for your permission to administer Benadryl if need is indicated, and an epi pen if symptoms progress. Note: Our policy is to call for emergency medical services if an epi seems to be needed.

WHAT TO WEAR

Kids should wear comfortable clothes that they can work out in and get paint or goo on (just in case!) Layers are advised (such as a sweatshirt over a shirt,) and socks are a must. Clean, slick-soled tennis shoes are appreciated and may be worn in lieu of dance shoes during camp performing arts classes.

WHAT TO EXPECT

Programming may vary but will include a balance of free play time and organized workshops designed to introduce you child to Visual, Performing, Martial, and Survival Arts: **ART** (depends on interest and resources; may include photography, painting, drawing, textile arts, and crafts,) **DANCE** (hip hop, funk, ballet, jazz, tap dance class, depending on regularly scheduled classes and interest,) **MUSIC** (drums, instruments, etc..) beginning **SELF-DEFENCE** (including commonly-used kicks, punches, avoidance and softening techniques,) **CPR/1ST AID** (intro to basic CPR, injury recognition, avoidance, wound dressing, etc..) As part of our first aid unit, we include science lessons on blood-borne pathogens and microscopes! **R & R** may include reading, games, group activities, and up to two movies appropriate to theme and age.

WHAT TO PAY

Wild WAAC is \$60/day per camper (\$50 for siblings,) \$35 per half day. No other proration is available. Payment must be made at, or prior to, pick-up. Prepayment is appreciated and available via cash, check, or card at the studio or on www.trinitydancefit.com/epay. TDF dancers, whose classes fall during camp hours on a day for which her/his attendance has been paid for, received \$10 off camp rates.

Wild West Adventure Arts Camp

REGISTRATION

STUDENT'S BASIC INFO

Full Name	Age	Grade	Interest(s)
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Allergies, recent illnesses, behavioral considerations, or other information staff should know about the child

LEGAL GUARDIAN:

Your Name	Relationship to Student	Phone #
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Physical Address (required, in case of emergency)

Mailing Address (required for billing, etc.)

ALTERNATE/BEST WAY(S) TO CONTACT PARENT/GUARDIAN DURING CAMP:

EMERGENCY CONTACT #1:

(Required)	Name	Phone #	Location
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EMERGENCY CONTACT #2:

(Required)	Name	Phone #	Location
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Initial Below to Indicate Agreement to Terms

___ **MAY ALSO BE PICKED UP BY:** (Write: "NA" or state name & relationship of persons other than yourself and the emergency contacts you listed above) _____

___ **Consent to attend and participate at YOUR risk:** I understand that Wild WAAC is an Arts day camp, NOT a certified day care facility. While staff is highly trained and works to minimize risk, I understand that all activities at TDFS have elements of risk that may include serious or superficial injuries. Students who are hurt, damage property, or cause injury to others while disobeying rules or instruction may be required to be picked up immediately and disallowed from returning to WWAAC and TDFS. In such instances, refunds are not available.

___ **Consent to treat and seek treatment:** I understand that WWAAC and TDFS staff are bound by policy to call for emergency services when need indicates (potential or overt.) I give permission for WWAAC and TDFS staff and/or associates to seek medical attention for my student as they see fit. I also give them permission to administer an OTC antihistamine and/or an epi pen or other intervention(s) if need becomes apparent to them. I agree to be responsible for any and all costs associated with any medical services sought for your student and hold WWAAC, TDFS, and their staff and associates harmless and blameless for any real or perceived repercussions from their decision to intervene or seek medical treatment for your student.

___ **Agreement to pay:** I agree to pay the regular fees prior to picking up my child from Camp, class, or event. I understand that the charge for Camp is either \$35 for a half day or \$60 for a full day, with no proration or reimbursement. If I am late picking up my student and not present in the building at the agreed-upon time, I agree to pay a charge of [the remaining full-day charge if initially enrolled in half-day Camp, followed by and including] \$1 per minute after the close of camp/activity at 6pm. (All students must be picked up from and depart TDFS/Wild WAAC by 6pm unless presently enrolled in a regularly-scheduled TDFS class during that hour.)

___ **Agreement to replace or reimburse:** In the event that any damage or loss occurs as a direct result of my student’s attendance or participation in Camp or TDFS classes, events, and/or activities, I agree to replace or reimburse (upon request) the present full-market value for the replacement of any items that are damaged or lost, regardless of whether or not the damage or loss was accidental or intentional on the part of you or your student.

___ **Indemnification and agreements:** I agree to hold WWAAC, TDFS, their staff, students, and associates, harmless and blameless for any real or perceived injury and/or repercussions from participation and attendance at camp, classes, or events held on or off-site, conducted, promoted, or sponsored by TDFS, WWAAC, or their staff. I agree not to disparage TDFS, WWAAC, or its staff, students, events or facilities, in perpetuity.

___ ___ **BEHAVIOR CONTRACT (Read and initialed by parent and student):** I understand that attendance at day camp is a privilege, not a right; staff may refuse or rescind service to anyone acting in a way that is destructive, disruptive, or disrespectful to him/herself, staff, other people, learning environment, activities, opportunities, or property. We agree that the student will be kind, courteous, and cooperative.

I, the undersigned, do agree that the information I have given on both pages of this registration form is true and correct. By signing below, I agree to all the terms listed above (on both pages of this form,) without exception, and expect no other warrants not included therein.

PRINTED NAME OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

“SIGNATURE” OF STUDENT