

# The St. Ursula Varsity Dance Team is excited to host our Kids Dance Camp on Saturday, November 17th!

Spend a fun-filled morning with members of our Nationally-Ranked, State Championship team.

Camp is open to all kids in grades K through 8th.

Campers should bring a water bottle & come dressed comfortably with tennis shoes and/or jazz shoes.

Family and friends are welcome to come to St. Ursula at 11:45am to watch the campers and SUA Dance Team perform!

Cost: \$30 payable via cash, check or credit card

Please register before November 10th Online registration and payment is also available at www.toledosua.org/dancecampforkids

### **Camper Information:**

Camper First & Last Name:					
Address:	City:			State:	Zip:
Home Phone:					
School:			Grade :		
Do you dance at a studio? Y / N If yes,	which one	?:			
T-Shirt Size (included in camp price):	Adult S	Adult M	Adult L	Adult XL	
	Youth S	Youth M	Youth L	Youth XL	
Does your child have any food allergies	?				
Does your child have any known medical condite explain:		_		ld be made awar	e of? If so, please
r					

## **Parent/Guardian Contact Information:**

First Name:	Last	t Name:	
Cell Phone:	Work Phone:	Email Address:	

## **Payment:**

Return Registration form and Liability Waiver form with *check* made payable to St. Ursula Academy to the St. Ursula Academy Attn: Coach Morgan Melchert, 4025 Indian Road, Toledo, OH 43606. In lieu of a check, you may provide the following Visa/MasterCard Information and your credit card will be charged: Visa/MasterCard Number: \_\_\_\_\_\_\_ Billing Code: \_\_\_\_\_\_\_ Cardholder Name as it appears on card: \_\_\_\_\_\_\_\_ Billing Address: \_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

# **SUA Camp 2018** Liability/Injury Waiver Form

Student may not participate in the camp without submitting this completed form

Student First & Last Nam	e:		
Parent First & Last Name	:		
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Emergency Contact Name &	x Number to be used through the	duration of the camp:	
First & Last Name:	C C	Phone:	

### LIABILITY/INJURY WAIVER AND RELEASE:

ST. URSULA

In consideration of being allowed to participate in any way in the St. Ursula Academy Dance Team Kids Camp related events and activities the undersigned acknowledges, appreciates and agrees: 1) the risk of injury from the activities involved in this camp could be substantial and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the person(s) leading the camp or activity immediately; and, 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless all those associated with the St. Ursula Academy Camps, their officers, officials, agents, and other employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

This is to certify that I, as a parent/guardian participant with legal responsibility for this participant, do consent and agree to her/my own release as provided above, of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless and release from any and all liabilities to my minor child's/my own involvement or participation in this program as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Permission and authorization is hereby granted to person(s) leading the camp for my child to receive emergency medical treatment, if needed, and I certify that there are no limits or restrictions to my child's participation in the camp except as stated in writing in this waiver.

Signature (parent/guardian):\_\_\_\_\_

Date: \_\_\_\_\_

Completed Registration Form, Liability/Injury Form & Payment can be mailed to: St. Ursula Academy, Attn: Coach Morgan Melchert 4025 Indian Road, Toledo, OH 43606

You will receive an email confirmation once we have received your forms and payment.