

~The Eastlake Dance Boosters Present~

# Eastlake Summer Dance Clinic

August 13 to 17, 2018

- ❖ *Fun-filled week of Dance! No experience necessary!*
- ❖ *Work on Dance Technique and Learn a New Routine!*
- ❖ *Play Fun Games & Activities with the 2018-2019 EHS Dancers!*
- ❖ *Middle School Students: Prepare for EHS Team Tryouts! Learn what it would be like to be on the team!*
- ❖ *Receive a Eastlake Dance Camp T-shirt. Parent Show on Friday the 17th at 11:30!*

**Who:** Grades K – 8<sup>th</sup> Invited! Dancers will be divided into Different Age Groups. Middle School Dancers will be in their own clinic.

**What:** Summer Dance Camp taught by EHS Dance Team & Hosted by the Dance Boosters

**Where:** Eastlake High School, 400 228<sup>th</sup> N.E., Sammamish, WA 98074

**When:** 8/13/18 to 8/17/18, 9:00 AM to 12:00 PM. **Sign-in begins at 8:30 AM on the first day of camp.**

**Show:** Friday (August 17th) from 11:30 to noon at Eastlake High School. Friends & Family Welcome!

**Bring:** Snack & Water Bottle.

**Wear:** Comfortable gym or dance clothes with jazz or tennis shoes. Wacky dress up days optional.

**Cost:** **\$130.00 Early Registration Fee IF postmarked on or before July 15<sup>th</sup>, 2018**  
\$150.00 if postmarked between July 16 and August 1<sup>st</sup>. **Aug 1<sup>st</sup> is guarantee T-shirt Deadline.**

**Walk-ins welcome! Sorry – we cannot guarantee Camp T-shirts for Walk-ins.**

## Mail Registration Form and Check to:

Eastlake Dance Team Boosters  
c/o Renata King  
1827 221<sup>st</sup> PL NE  
Sammamish, WA 98074

\*Make checks payable to **EHS Dance Team Boosters**  
Email Questions to [renata.king@hotmail.com](mailto:renata.king@hotmail.com) or  
visit our website: [www.eastlakedanceteam.com](http://www.eastlakedanceteam.com)

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\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Grade (in Fall)

\_\_\_\_\_  
Child's Address

\_\_\_\_\_  
Child's School (in Fall)

**YS YM YL AS AM AL**

Child's T-shirt Size (Circle)

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Friend request – must be same age grouping

\_\_\_\_\_  
Parent Cell Phone Number

\_\_\_\_\_  
Parent E-Mail

\_\_\_\_\_  
Child's Doctor & Phone Number

\_\_\_\_\_  
Child's Insurance Company & Policy Number

\*List any Medical or Physical Limitations that we should be aware of.

\*\*This Dance Clinic is NOT sponsored by the Lake Washington School District.

I acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;

I assume any and all risks of personal injuries to the minor and authorize the Sponsor to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;

I release, waive, discharge and relinquish the Lake Washington School District, the Eastlake Dance Boosters and their respective officers, volunteers, dancers, coaches and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise.

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

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

