

LET'S DANCE

WITH THE SHS TROJAN DANCE LINE



2018 Sacred Heart Trojan Dance Camp

July 30th and 31st

7:45 – 11:30 AM

Sacred Heart High School Gym

1 child - \$40 and \$15.00 for each additional child

Join us for an exciting, fun-filled 2 days of dance with members of your 2018 Sacred Heart Dance Line. The cost includes a camp **t-shirt** to be worn during the half-time performance (TBA) of one of our home football games. **Deadline for registration is June 28th.** The **Registration and Release Form** may be obtained and submitted to the high school office. The office is opened Monday through Thursday from 8:00 until 1:00.

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NAME _____ GRADE _____ SHIRT SIZE (Circle one)

Y-XS (2/4)

Y-SM (6/8)

Y-Med (10/12)

Y-L (14/16)

A-Small

A-Medium

A-Large

Parent(s) Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Allergies or special medical needs/concerns _____

Additional children – Please include shirt size and any allergies or medical conditions. _____

*** Checks are to be written to SHS. You may drop off the registration and release forms at the high school office or mail it to 2349 Faubourg Road, Ville Platte, La.

SHS 2018 DANCE CAMP PARTICIPANT RELEASE FORM

(A form must be completed, signed and submitted FOR EACH PARTICIPANT prior to the child's involvement in camp.)

We request that our child _____ participate in the *SHS Trojan Dance Camp*.

We believe the necessary precautions and plans for the child's care have been made. We feel that reasonable vigilance in the care and supervision of the children during the camp will be exercised. In consideration for making the arrangements for this camp, we hereby waive, release and forever discharge any and all claims against the Diocese of Lafayette, Sacred Heart School, their commissioners, board, teachers, employees, volunteers or agents for damages and/or injuries to or of my child listed in paragraph 1 above, which may arise from the participation of this activity.

We also believe, to the best of our knowledge that our child, listed in paragraph 1, is in excellent health.

Parent/Guardian's Signature: _____

Date: _____

Daytime Contact Number(s): _____
