

**Spaces Fill Quickly Don't Miss Out
Enroll Today !!**



2010 Dance Camps (Jazz, Hip Hop, and Tap)

June 28th - July 2nd

August 23rd - 27th

(Ages 6- 17yrs)

The Focus: The focus of the camp is to instruct dancers on proper techniques, balance, rhythm and progressions involved in dancing. The camp is specifically designed to help students of all ranks enhance and develop the necessary skills to excel in dancing and prepare them to advance to the next level. Students will be placed in groups according to age and ability. The camp has three principles all dancers must follow: Have Fun! Be Safe! Work Hard!

Price \$ 79.00 for 5 days of camp (no refunds)

Camp Schedule: (Sample Schedule)

<i>Check in</i>	<i>12:00pm</i>
<i>12:30-12:45</i>	<i>Technique/ Flexibility</i>
<i>12:45-1:30</i>	<i>Group drills/ Routine</i>
<i>1:30-1:45</i>	<i>Break Time (snack)</i>
<i>1:45-3:00</i>	<i>Solo/Checkout</i>
<i>Check out</i>	<i>3:00pm</i>

Dancing and fun!

Staff: The camps head instructor is Kedrin McCree and the power staff

Medical Consent & Release of Liability: Each camper **MUST** fill out a Medical Consent & Release of Liability Form. Camper will not be permitted to participate without a signed form.

Location and Facilities:

America's Best Kids Sports Center: 1914 Skypark Dr. Medford, OR 97504
541-245-0432

What to Bring: All campers will need to bring a snack each day. On swim days they will need to bring: swimsuit, towels, and goggles.

Class Instruction: Classes will consist of curriculum, dancing solo, dancing in groups, and conditioning.

How to Register: Please stop by the front desk and fill out the attached registration from application.

*Don't Hesitate! Camp is Limited and Fills Quickly!
For further information call (541) 245-0432*

www.abkfun.com



ABK's 2010 Dance Camp (Jazz, Hip Hop & Tap)

Child's Name _____

Age _____ DOB _____

Parent's Name: _____

Phone _____ Cell _____ Work _____

Phone _____ Cell _____ Work _____

Address _____

City _____ ST _____ Zip _____

People authorized to pick up your child

Name Phone

Name Phone

Medications or Medical Conditions

What do you want to work most?

Late Pick Up Fee: If a student is not picked up immediately after camp a charge of \$10 will be applied to your account and \$1 a minute for every minute after the first 10 minutes.

Release of Liability. I understand that strict observation by me, of the rules and regulations of America's Best Kids including the use of protective equipment, will largely eliminate the possibility of accident or injury, and I hereby represent that I am physically fit to take the prescribed course of instruction and that I have had an opportunity to observe and/or participate in lessons prior to the signing of this agreement. I have chosen and voluntarily agree to use the facilities, equipment and resources provided by America's Best Kids at my own risk with knowledge of the risks involved. I further understand and agree that I release from liability and waive any and all claims or actions for personal injury or death or property damage or loss against America's Best Kids, its owners, officers, operators, employees and affiliated persons, whether caused by the fault, negligence, omission, or any other act however caused, of America's Best Kids. X_____

Credit Card Payments Please Call 245-0432 Please circle camp date(s) attending: June 28-July 2 Aug 23 - 27	Number of Camps: _____ Camp Total: \$_____
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Emergency Contact (other than parent or guardian)

Name (1) _____

Relation _____

Phone No. _____

Alt. No. _____

Name (2) _____

Relation _____

Phone No. _____

Alt. No. _____

Health Information

Physician's Name _____

Phone _____

Insurance Company _____

Policy # _____ Group #: _____

Name of Insured _____

Medical Authorization: I hereby authorize the staff of America's Best Kids to act for me according to their judgment in any emergency requiring medical attention, and hereby waive and release the school and its staff from any and all liability for injuries or illness incurred while in the school. I have no knowledge of any physical impairment that may affect the above named student participation in the program and have read and understand the terms and conditions outlined in the accompanying material including the membership agreement. X_____

I agree to the terms of this agreement:

Student/Parent or Guardian

ABK Representative