

PARENTAL AUTHORIZATION Conditions of Attendance Disclaimer:

I agree to allow my child/ward to participate in the Summer Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Camp, which may cause serious injury or even death. I also understand that, despite safety precautions, neither the camp staff nor Archbishop Edward A. McCarthy High School can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Camp. ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE AND AGREEMENT NOT TO SUE: In consideration for permitting me/my child/ward to participate in the Summer Camp, I voluntarily agree, for myself, my heirs, executors, and administration to the following: **To assume full responsibility for any risks or loss, or personal injury, including death** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from Summer Camp. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE AND AGREE NOT TO SUE the person or entity responsible for administering the Summer Camp, Summer Camp Staff, Archbishop Edward A. McCarthy High School, Archdiocese of Miami, Archbishop Thomas Wenski and all his successors, or its trustees, officers, employees, agents, students, staff, volunteers, (hereinafter referred to as "releases") from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Camp. I give permission for photographs taken of me/my child/ward while participating in the Summer Camp to be used in marketing/public relation's material in the promotion of the Summer Camp. I give my permission to have my child in any media coverage approved by Archbishop McCarthy High School Summer Camp and any Archbishop McCarthy High School promotional materials. By signing below, I acknowledge that I have read, and understand and agree to the terms outlined above.

Parent's/Legal Guardian's Signature Date Print Camper's name

MEDICAL INFORMATION:

List any medical conditions camp personnel should be aware of:

Does camper require any medications? _____

List any allergies: _____

Physician's name and phone number:

Emergency Contact 1/ Phone#: _____

Emergency Contact 2/Phone #: _____

Love to Dance Camp



Archbishop McCarthy High School

July 26-30

\$165 per week

8:00am-2:30pm

(aftercare available upon request, additional fee)



I Love To Dance Camp

I Love To Dance Camp provides a variety of exciting, challenging and creative opportunities for students to enhance their love of dance:

- ✓ Learn one of the Maverick Legacies Dance Team Audition Routines EARLY!
- ✓ Live Performance Opportunity at end of the week
- ✓ Special Guest Choreographer
- ✓ Master Classes
- ✓ Technique classes
- ✓ All Styles of dance: jazz, lyrical, hip-hip, contemporary, pom, kick-line
- ✓ Make friends and meet current dance team members
- ✓ And much more!!



Campers should dress comfortably and appropriately. Lunch should be brought from home or can be purchased from the Maverick Grille. An email with more information will be sent out a week before camp begins.

For questions contact:

**Ms. Benitez, ibenitez@mccarthyhigh.org
954.640.5866**

****online registration is also available at www.mccarthyhigh.org under Summer Institute**

**Make all checks payable to Archbishop McCarthy High School.
Mail this registration form & check to
Archbishop McCarthy High School
% I Love To Dance Camp
5451 S. Flamingo Road
Southwest Ranches, FL 33330**

Camper's Name: _____

Parent Name: _____

Parent Cell Phone: _____

Email: _____

Please Circle your selections:

1) T-Shirt Size: YM YL S M L XL

**2) Age Range
Primary Group ages 6-8
Junior Group ages 9-11
Senior Group ages 12-17**

**3) Camper's dance Experience
0-1 year of training
2-3 years of training
4-6 years of training
7+ years of training**