



Come be a part of the
Bartram Trail High School



Dance Team's

Bear Cub Camp!

Camp: Saturday, August 15th, 2015

Performance: Friday, August 21st, 2015

9:00 AM - 12:00 noon: Kindergarten - 5th Grades

Ninth Grade Academy Cafeteria (Room #N130)

9:00 AM - 12:00 noon: 6th - 8th Grades

Dance Studio (Room #N126)

\$40.00 per participant includes T-shirt,

Participant's entry to BTHS Varsity Football Game on
August 21st, Dance Instruction by the

Bartram Trail Dance Team

...and a performance you'll never forget!!

As a member of the BT Bear Cubs Dance Team, you will
enjoy learning a fun dance routine and a half-time performance during
Bartram's first home football game on Friday, August 21st, 2015.

BT Bear Cub Camp is open to all students in Kindergarten - 8th grade.

ALL PARTICIPANTS WILL RECEIVE A T-SHIRT!!



**REGISTRATION IS AT THE DOOR BEGINNING AT 8:30 AM IN THE NINTH GRADE
BUILDING**

Contact Coach Chastain with more questions

Bartramdance2004@gmail.com

Please complete this form and bring to registration. Registration is in the lobby of the 9th grade academy building and begins at 8:30AM the day of the camp.

STUDENT'S NAME _____
(Last) (First) (MI) (Nickname)

AGE _____ CURRENT GRADE (as of August 2015) _____

NUMBER OF YEARS DANCE EXPERIENCE (if any) _____

MOTHER'S NAME _____ DAYTIME PHONE# _____

FATHER'S NAME _____ DAYTIME PHONE # _____

E-MAIL ADDRESS: _____

Please **print clearly** as we may need to email important announcements concerning camp!!

MAILING ADDRESS: _____

CHILD'S PHYSICIAN _____ PHONE# _____

May instructors call another physician if unable to contact the above? YES NO
(Circle one)

OTHER PERSON TO BE NOTIFIED IN CASE OF ILLNESS OR EMERGENCY:
NAME _____ PHONE# _____

PLEASE LIST ANY OTHER IMPORTANT INFORMATION WE NEED TO KNOW: _____

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bear Cub Camp conducted by BTHS and the BT Dance Team. I acknowledge the fact that he/she is physically able to participate in dance camp activities. I hereby authorize the dance coach and/or the instructors of the Bear Cub Camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) due to sickness or injury to my son or daughter. I hereby waive any claim I might have against the coach and/or, the instructional assistants of the Bear Cub Camp, and the institution providing the facilities (Bartram Trail High School).

Parent signature _____ Date: _____

T-shirt Size: (Please circle one)

Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

The complete cost for the camp is forty dollars per person. (**\$40 registration – nonrefundable.**)
The clinic will be held in the Bartram Trail High School Dance Studio in the 9th Grade Academy building.
Participants must bring a refillable water bottle and wear closed toe athletic shoes.