Let's Dance!

Dance Camp



Date: Saturday, January 27, 2018

Time: 9:00am - 12pm

Where: Santa Fe Catholic HS Gym, 3110 Hwy 92 E

Perform: Basketball game halftime - Friday, February 2nd

Cost: \$30 (Includes: Games, Snacks, Fun & Dancing!

Send your registration today - limited spaces available!



Santa Fe Catholic High School

I want to perform with the Crimsonettes at the Basketball Game Halftime Show 3110 Highway 92 E, Lakeland, FL 33801

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Please provide ALLinformation (print)
Dancer's Name:	Age:
Dancer's School:	Grade:
Parent's Name:	e-mail:
Parent's Phone Cell Numbers:	
Cost: \$30 (includes games, sna	cks, fun & dance)
What to wear to dance: Comfo	ortable shorts or sweat pants, socks, sneakers
Parent's Signature:	

For Crimsonettes use only:Check No:	Return completed form and check made payable to: Santa Fe Catholic High School 3110 Highway 92 E - Lakeland, FL 33801

E-mail – my4hancock@gmail.com

Cash:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENT IALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SANTA FE CATHOLIC HIGH SCHOOL AND ALL OF ITS AGENTS, OFFICERS, DIRECTORS, SERVANTS, AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE ARE CERTAIN RISKS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SANTA FE CATHOLIC HIGH SCHOOL, DIOCESE OF ORLANDO, BISHOP JOHN NOONAN IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM PARTICIPATION IN THE ACTIVITY. THE SCOPE OF THIS RELEASE SHALL INCLUDE, BUT NOT BE LIMITED TO, DAMAGES OR LOSSES OR INJURIES ENCOUNTERED IN CONNECTION WITH TRANSPORTATION, FOOD, LODGING, MEDICAL CONCERNS (PHYSICAL AND EMOTIONAL), ENTERTAINMENT, PHOTOGRAPHS AND PHYSICAL INJURY OF ANY KIND, INCLUDING A PERSONAL INJURY CAUSED BY THE DEFENDANT'S NEGLIGENCE. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM. SANTA FE CATHOLIC HIGH SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Date	Child's Name(printed)
Parent/Legal Guardian Name (printed)	Parent/Legal Guardian Signature

12/16