

**EDMONDS WOODWAY HIGH SCHOOL  
JUNIOR DANCER CLINIC!  
GRADES First through Eighth**

**Date:** Saturday, May 30, 2015

**Location:** Edmonds Woodway High School- Gym  
7600 212<sup>th</sup> Street SW  
Edmonds, WA 98026

**Time:** 9:00am-12:30pm (Grades 1-8)  
(8:30 am Check-in/Registration begins)

12:15pm Exhibition Performance - Grades 1-8

**Cost:** Only \$35.00

**Includes:** Camp T-Shirt, water & Snack

**Clinic Info:** Participants will play games and learn a short dance routine to be performed for friends and family at the end of the camp. This is a great way to find out what the "DANCE TEAM" is all about and have lots of fun too!

**Make checks payable to:** ESD (Edmonds School District)  
"Dance Clinic" in memo area

**Mail to:** 7600 212<sup>th</sup> St SW  
Edmonds, WA 98026  
Attn: Deb Johnson - Dance Coach

Questions? Please call Deb Johnson at 425-773-6321 or [Deb.johnson15@gmail.com](mailto:Deb.johnson15@gmail.com)  
This is a fundraising event for the EWHS Warrior Dance Team  
All proceeds will help the team attend summer dance camp.

I hereby give permission for

\_\_\_\_\_ to participate in the EWHS Dance Clinic, Saturday, May 30, 2015 to be held at Edmonds Woodway High School. I understand that I am responsible to provide my own medical coverage for this activity.

\_\_\_\_\_  
Parent Guardian (Print) Parent Guardian (Signature) Date

\_\_\_\_\_  
Email Address Cell Phone

\_\_\_\_\_  
Emergency Contact Emergency Phone Number

\_\_\_\_\_  
Participants Name (please print) Participants School/Grade

**T-Shirt:** \*shirts will be available on a first come first served basis, so register early!

**Please circle size:** Y/S Y/M Y/L A/S A/M A/L

**RETURN THIS FORM WITH YOUR PAYMENT FOR  
REGISTRATION!!!  
EDMONDS WOODWAY HIGH SCHOOL  
ANNUAL JUNIOR DANCE CLINIC**

**Clinic Info:** All participants should wear comfortable "work out" type clothing and tennis shoes.  
Long hair should be pulled back in a pony tail.  
Jewelry is not allowed to be worn during the clinic.

**Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register for participation in the Warrior Junior Dance Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of Dance entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_ (Parent initial)

**Medical Information**

The following special health problems should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance**

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.***

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission

for \_\_\_\_\_ who attends \_\_\_\_\_  
(Student) (School)

to participate in the Warrior Junior Dance Clinic, on May30, 2015, at Edmonds-Woodway HS Gymnasium, for the purpose of practicing fundamental Dance skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_