HHS Dance Team  
2013 Summer Dance Camp  
WHEN: Friday, June 14th and Saturday, June 15th 10 a.m.- 1 p.m.  
WHERE: Highlands Middle School Gymnasium  

All ages 3 and up are invited to join the HHS Dance Team for 2 days of dancing, learning, and tons of fun! Dancers will learn 2 full dance routines, which they will perform during our showcase at the end of day 2. Dancers will also enjoy learning dance technique, practicing various dance styles, and playing games.  

A light snack will be provided on both days of camp, and each dancer will receive a 2013 HHS Summer Dance Camp T-shirt. If registration is received by May 31st, the cost is $45.00. For walk-ins and those registering after May 31st, the cost is $50.00, and T-shirt sizes are not guaranteed. Dancers should wear comfortable clothing that they can move in, and either dance shoes or tennis shoes.  

Registration forms and payment should be sent to Highlands High School, Attn: Dance Team at 2400 Memorial Pkwy. Ft. Thomas, KY 41075. Checks should be made out to HHS Dance Team. For questions, contact Coach Erin Janson at erinminsterman@gmail.com.  

HHS Dance Team Summer Dance Camp Registration  
Name of participant ___________________________ Age ___________________________  
Name of parent or legal guardian ___________________________ Parent e-mail ___________________________  
Home phone ___________________________ Cell phone ___________________________  
Address __________________________________________________________________________  
Name and phone number of person to contact in case of emergency ___________________________  

T-shirt size: YOUTH: S M L XL ADULT: S M L XL  
I hereby grant permission for my child ___________________________ to receive necessary medical treatment for any condition or injury suffered while attending the Highlands Dance Camp. I understand that I am responsible for any expenses incurred on her behalf in connection with treatment. I give my daughter permission to participate in the camp and not hold Highlands High School or its staff members responsible for any accident or injury to my child.  

Any medical conditions that staff should be aware of: ___________________________  
Parent Signature: ________________________________________________________________