



**Come be a part of the**  
**Bartram Trail High**  
**School Dance Team's**  
**'Bear Cub Camp!**



**Camp: Saturday, August 27<sup>th</sup>, 2016**

**Performance: Friday, September 2<sup>nd</sup>, 2016**

9:00 AM - 12:00 noon: Kindergarten - 5<sup>th</sup> Grades

Ninth Grade Academy Cafeteria (Room #N130)

9:00 AM - 12:00 noon: 6<sup>th</sup> - 8<sup>th</sup> Grades

Dance Studio (Room #N126)

\$40.00 per participant includes T-shirt,

Participant's entry to BTHS Varsity Football Game on

September 2<sup>nd</sup>, 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, September 2<sup>nd</sup>, 2016.

BT Bear Cub Camp is open to all students in Kindergarten - 8<sup>th</sup> 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 Belcik (Formerly Chastain) with more questions**

**[Bartramdance2004@gmail.com](mailto: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 2016) \_\_\_\_

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). I hereby allow the use of any photographs or videos taken at camp and during the half-time performance and prep to be used of my child.

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. No snacks with nuts please.*