



BROOKE POINT Dance – Spirit – Fun Camp

- When:** 13 – 16 June 2022
- Where:** Brooke Point High School Gymnasium
- Time:** 6:00 – 8:00 pm each evening
- Cost:** \$40 for the week *includes tee shirt
\$35 for each additional sibling
- Ages:** 3 – 14 years old
- Classes:** Will be set up according to age and experience
- Performance:** Thursday, 16 June 2022
Campers report at 6 pm for their class until 7 pm
- Questions:** Contact: Amanda Baker- Foley--
foleyas@staffordschools.net

What to bring: Snack, water bottle (only water please and no peanut Products), and registration form.

What to wear: Dance or tennis shoes, shorts or dance pants, tee shirt or leotard. NO loose fitting clothing for safety purposes.

Registration form is attached and must be completed and signed!

Referred by: _____

**Brooke Point Dance-Spirit-Fun Camp - June 13-16, 2022
Registration Form and Parent Permission Form**

I would like to register my son/daughter for the Brooke Point High School Dance-Spirit-Fun camp to be held on June 13-16, 2022. All correct information is provided below.

*Mail check, payable to BPHS Dance Team, and one registration per dancer to:

Amanda Baker-Foley: Brooke Point High School, 1700 Courthouse Rd., Stafford, VA. 22554

**may also pay at the door or Cashapp \$BPHSDanceTeam*

Camper's Name: _____ Age: _____

Home Phone # _____ Parent Cell Phone # _____

Address: _____

E-Mail Address: _____

Emergency contact: _____ Phone: _____

Tee Shirt Size: Child S M L Adult S M L
(Circle one)

Release of liability/parental consent form:

In consideration of my application being accepted, I, intending to be legally bound, for myself, my executors and administrator, waive and release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Amanda Baker-Foley or Stafford County School Board members or all Stafford County employees and administrators or its respective officers, agents, representatives successors, and/or assigns, camp staff for any or all damages which may be sustained or suffered by me or my child in connection with my association with or participation in and/ or rising out of my travel to or returning from Stafford County High School Dance Camp to be participated in on the campus of Stafford County. I, the parent or guardian, do hereby agree to the above waiver and release.

Parent Signature

Student Signature

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Medical Consent Form

Camper's Name: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named camper. In the event of serious illness, the need for major surgery, or significant accidental surgery, I understand that an attempt will be made to contact me in the most expeditious way possible. If attending physician is not able to communicate with me, my signature authorizes the treatment necessary for the best interest of my child as judged by the attending physician. In the event that an emergency arises during a camp session, an effort will be made to contact the parents or guardian as soon as possible. Permission is also granted to the camp staff and/or rescue squad to provide the needed emergency treatment to the camper prior to their admission to the medical facilities.

Name of family physician: _____

Parent Signature: _____