

ORCBA

SUMMER DANCE CAMP

PARENT INFORMATION SHEET

August 1-5, 2011 at the Grove Theatre



Thank you for registering for the 4th Annual ORCBA Summer Dance Camp! We know your camper(s) will have the time of their life, and we wanted to share with you what is happening the week of camp.

HOURS: Camp hours are from 8:00AM until 2:00PM. Drop-off begins at 7:45AM and the dancing starts promptly at 8. Campers must be picked up between 1:45 and 2:00. (Pre-School must be picked up between 11:45 and 12:00.) After 2:00 (or 12:00 for Pre-School), campers will be in the After Camp Care. The cost for After Camp Care is \$2.00 per camper per hour (or partial hour). In order to use After Camp Care, we must be notified each morning as to what time the camper will be picked up, and the fee must be paid each morning. After Camp Care for all campers ends at 5:45PM; campers must be picked up by 6:00PM. **(Please make sure to pick up the card with emergency contact information the first day of camp!)**

CLOTHING: The counselors have asked that the campers wear tight fitting shorts, or pajama bottoms, or stretchy pants. Boys can wear sweats with elastic bottoms or shorts. The campers are going to do lots of stretching and will spend some time with their legs over their heads, so please make sure they wear something comfortable. Campers should wear **TENNIS SHOES WITH SOCKS**. Don't send nice socks; the campers will be dancing in them! If the camper owns dance shoes, they can bring them also (but still bring tennis shoes to camp). **Absolutely no sandals or flip flops!!** Younger campers may want to bring an extra change of clothes, just in case there is an "accident". Please label everything with the camper's first and last name.

MENU: We are only serving healthy food at the camp; we are not serving peanuts or peanut butter. Every day the child will have a Juicy Juice and string cheese as a snack, then lunch will be 1% (or 2%) milk with a boxed lunch. Different food vendors (Subway, Wishbones, Sonic) supply lunches; Friday we are having pizza. We will have vegetarian choices for those who listed "no meat" on their form. We will also have extra juice and water throughout the day, and fruit cups for the older kids to snack on. **If you are sending food for your child, please DO NOT send any soda, candy, chips, cookies, or anything that has High Fructose Corn Syrup as one of the first four ingredients.** Mark everything with the camper's first and last name.

RECITAL: The campers will be performing in a recital on Friday, August 5th at 5:30PM. You will pick your camper up at the regular time, then bring them back no later than 5:15PM to participate in the recital. (We will be having After Camp Care that day, so if you want the camper to stay between Camp and the Recital they are more than welcome.) The Recital is the **most important part** of the camp, as the campers will want to show you what they have worked so hard on for the past week. **Please make plans to attend, and BRING YOUR FRIENDS AND NEIGHBORS!**

MEDICAL RELEASE: Attached as Page 2 of this form is a Medical Release that states we have the right to have your child treated at Methodist Medical Center in the event of an emergency. We will only use the release if we cannot get in touch with you at your primary contact number, or if we feel the situation requires immediate attention. Please bring the form signed and dated to the first day of camp; without the form your camper cannot participate in the activities.

FEES, ETC.: Please pay your registration fee of \$75.00 per camper (or \$55.00 for Pre-School) when you register; we are going to have over 120 campers the first day, and things will go a lot smoother if we don't have to deal with a lot of paperwork. You can pay online with PayPal, credit card, or virtual check at <http://www.orcba.org/camp> or mail a check to Glenn Arnold, ORCBA SDC, 6628 Trousdale Road, Knoxville, TN 37921. If mailing your check, please make sure it has time to arrive by the Thursday before camp starts. This camp has a money-back guarantee if the camper decides to drop out after attending Monday; no refunds are given after Monday. (Refunds will be mailed to the address used at registration within one week of the end of camp.) If your child has a behavior problem that cannot be resolved by the staff, your camper will be asked to not come back and no refund will be offered.

ACTIVITIES: Mainly, your camper(s) are going to dance! They are going to dance most of the day, with a few short breaks for snacks, lunch, and water. Additionally, the counselors have asked to take some of the time to do group activities (i.e., making signs for the recital, etc.). After Camp Care will show a different movie each day; the movies will be musicals and/or dance related, rated G. Campers that are staying for After Camp Care may bring their own activities, as long as they are rated G or E; please label everything with the camper's first and last name.

OAK RIDGE CIVIC BALLET ASSOCIATION
SUMMER DANCE CAMP
PO BOX 6185
OAK RIDGE, TN 37831

CONSENT TO PARTICIPATE, RELEASE, and MEDICAL AUTHORIZATION

Name of Minor Child: _____ Birthdate: _____

I, the undersigned parent or legal guardian of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give the Oak Ridge Civic Ballet Association staff (herein referred to as **ORCBA**) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that ORCBA shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by ORCBA. I understand that this form is in effect from the date signed and that it is my responsibility to inform ORCBA of any changes to this form. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in ORCBA programs, and to be photographed for use by ORCBA in advertising and public relations.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Date of Minor's Last Tetanus Shot: _____

List Current Medications: _____

Allergies: _____

Medical history or other important fact that should be known: _____

