



The Chenaulte' dancers are hosting a 4-day dance camp for dancer's grades 1st-12th
 Session #1 JULY 9-12
 9:00 am-2:00 pm

We will offer a variety of classes at different skill levels with a performance exhibition at the end of the camp
 Please Pre- Register to reserve your space. We will offer technique, jumps/turns/leaps, team performance routine as well as two breakout routines, in pom, jazz, lyrical, and hip hop and *NEW CHEER CLASS* styles.

- 8:45am REGISTRATION
- 9:00-9:30 AM WARM-UPS AND STRETCHING
- 9:30-10:15AM TECHNIQUE (JUMPS, LEAPS AND TURNS)
- 10:20AM-12:00PM CLASS
- 12:00-12:30PM LUNCH
- 12:30-1:50PM CLASS
- 1:50-2:00PM ANNOUNCEMENTS AND GOOD-BYES

*****DANCE CAMP*****
MON.-THUR JULY 9- 12, 2018
9:00 a.m - 2:00p.m.
FINAL DAY PROGRAM @1PM
CAMP FEE \$105.00 PER STUDENT
(NON-REFUNDABLE)

- PLEASE COME PREPARED AND DRESSED FOR CAMP IN PROPER DANCE ATTIRE
- PLEASE BRING DANCE SHOES AND GYM SHOES FOR OUTSIDE CLASSES
- PARENT VIEWING AND AWARDS WILL BE ON THURSDAY JULY 12, 2018 @ 1 PM
- LEOTARD AND TIGHTS ARE MADATORY (DANCE SHORTS ARE APPROVED)
- PLEASE PACK YOUR LUNCH DAILY. WE HAVE LIGHT SNACKS, BOTTLED WATER AND SPORTS DRINKS FOR PURCHASE

Please fill out the pre-registration sheet below
 For any further information, please e-mail us at CHENAULTDANCERS@AOL.COM
 We are located at "The Studio"
 Home of the Award Winning Chenaulte Dancers Competitive Dance Teams and Classes
 2534 Shiloh Springs Road Trotwood, Ohio 45426

NAME: _____
 PARENTS NAME/CONTACT NUMBER _____
 EMAIL _____

PARTICIPATION CONSENT FORM

I, _____, parent/guardian of _____ do

Hereby give my consent of participation in dance clinic activities hosted by Chenaulte' Dancers Competitive Dance Teams and classes.

I realize that accidents/incidents may occur in any physical athletic sport; with that I **DO HEREBY WAIVE ALL LIABILITIES TO THE CHENAULTE' DANCERS COMPETITIVE DANCE TEAM ORGANIZATION, WYONNA CHENAULT-SIMPSON, DANCE CLASS INSTRUCTORS, DANCE STAFF, AND "THE STUDIO" HOME OF THE CHENAULTE DANCERS COMOETITION DANCE TEAMS AND C LASSE STUDIO STAFF AND FACILITY. I WILL BE TOTALLY FINANCIALLY REPSONSIBLE FOR ALL HOSPITAL/MEDICAL EXPENSES FOR ABOVE MENTIONED ATHLETE; SHOULD INJURY OCCUR.**

_____ SIGNATURE OF PARENT/GUARDIAN

DATE _____ (WITNESS)

5/18

\$15.00 discount for students who are enrolled in JULY classes. Sibling discount