

**Lake Washington High School
Dance Team Booster Club
JR. KANGS FALL DANCE CAMP
Saturday, November 2nd 5pm - 8pm**

Please detach this form with payment and insurance information and send to:

LWHSDTBC
c/o Jr Kangs
PO Box 2594
Kirkland, WA 98083
Leslie Gibson-Seno
gibsonseno@gmail.com

Please make checks payable to LWHSDTBC

*\$50 REGISTRATION FEE – Add a Sibling for only \$25 each after first participant!

*All Registrations after October 23rd, will not receive a t-shirt

T-SHIRT SIZE: Youth-SM Youth-MED Youth-LRG Adult-SM Adult-MED

Participant's name: _____ School: _____

Age: _____ Grade (2019-2020): _____

Parent's/Guardian's Name: _____

Telephone-Home: _____ Cell: _____ Work: _____

Email: _____ *(to confirm registration for updates)*

Insurance Co: _____ Group/Policy #: _____

Please note any specific medical conditions and/or allergies: _____

Emergency contact information in the event that we are unable to reach you:

Emergency Contact Person: _____ Relation: _____

Emergency Contact Telephone: _____

Emergency Contact Telephone (alternate): _____

WAIVER & RELEASE FORM

I hereby authorize the Lake Washington High School Dance Team Booster Club to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with my child's attendance. Costs for treatment of injuries or hospitalization for illness or injury incurred during the program will be the responsibilities of the parent or guardian of the participant.

I hereby waive and release the Lake Washington School District, Lake Washington Dance Team and its junior programs, and the Lake Washington High School Dance Team Booster Club and all directors, coaches and instructors from liabilities arising from my child's participate and I know of no mental or physical condition which might affect my child's ability to safely participate in this program. Any and all allergies or limitations are listed above.

Lake Washington School District does not sponsor, endorse, or recommend any of the organizations, services, or activities described in these materials. In consideration for the privilege to distribute these materials, Lake Washington School District shall be held harmless from any causes of action filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, judgments, or award

Parent/Guardian Signature: _____ Date: _____