I, the undersigned, individually as parent(s) and guardian(s) of the registrant, a minor, ask that he/she be permitted to participate in this sport camp sponsored by TEMPO. In consideration of such admission, I do hereby release, discharge, and hold harmless TEMPO and Ichabod Crane Central School District, its officers, agents, employees, and volunteers of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the same minor arising out of the minor’s attendance at the dance camp or in the course of competition and/or activities held in connection with the dance camp. I hereby authorize camp staff and referred doctors, nurses, or emergency medical personnel to provide care that includes routine diagnostic procedure and medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent to physicians and emergency personnel to perform any necessary emergency medical treatment.

STUDENT NAME

MEDICATION CHILD TAKES

ALLERGIES OR MEDICAL LIMITATIONS

SIGNATURE OF PARENT OR GUARDIAN

PRINT NAME

RELATIONSHIP TO PARTICIPANT

Primary Emergency contact during camp:

Name: ____________________________
Relation to camper: ____________________________
Contact Phone: ____________________________

Secondary Emergency contact during camp:

Name: ____________________________
Relation to camper: ____________________________
Contact Phone: ____________________________

Please select one below and Initial:

_____ (please initial) I have given permission for my child to sign out at the end of dance camp,
or

_____ (please initial) I would like my child to remain in the auditorium until I or one of the individuals listed below comes in to sign them out. Campers will not be released to anyone other than indicated below.

Primary Emergency contact during camp:

Name: ____________________________
Relation to camper: ____________________________
Contact Phone: ____________________________

Secondary Emergency contact during camp:

Name: ____________________________
Relation to camper: ____________________________
Contact Phone: ____________________________

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Secondary Emergency contact during camp:

Name: ____________________________
Relation to camper: ____________________________
Contact Phone: ____________________________

Please select one below and Initial:

_____ (please initial) I have given permission for my child to sign out at the end of dance camp,
or

_____ (please initial) I would like my child to remain in the auditorium until I or one of the individuals listed below comes in to sign them out. Campers will not be released to anyone other than indicated below.
This summer, August 22-25, we will be offering an exciting and diverse dance camp.

This summer we will be offering an exciting and diverse dance camp. Each day will begin with a Jazz warm up to increase strength, cardio, and flexibility. Students will also work on technique, performance quality, and learn original Broadway choreography. Following Jazz, students will have a Ballet class. Ballet is the foundation of all styles of dance and is crucial to a dance education. Dancers will focus on technique, strength, poise, and grace. Afterwards, students will have the opportunity to work on audition etiquette, as well as choreography. Students will end their day with Tap class, where they will learn basic technique through the more advanced tricks that can be found in this genre. Whether a beginner or advanced dancer, there is a great deal to learn at this camp. Material will be adjusted based on ability, and all are welcome. I hope to see you there!

Attire:
Please wear comfortable clothes that allow you to move. They should be close fitting to the body. You do not need to wear leotards and tights, and please no jeans!!! Please bring ballet slippers, jazz shoes or heels, and tap shoes. If you do not have dance shoes, sneakers will be fine. Please bring a water bottle.

Deborah Anthony is originally from Buffalo, NY and moved to New York City to pursue a career in musical theater and dance. She graduated summa cum laude from the American Musical and Dramatic Academy/ New School University in New York City, with a BFA in musical theater. Deborah also graduated summa cum laude with a Masters in Psychology from John Jay College. She has taught dance for the past 19 years throughout Buffalo, Albany, and New York City. She teaches Ballet, Pointe, PBT, Tap, and Broadway Jazz. Deborah is an ABT Certified Teacher, who has successfully completed the ABT Teacher Training Intensive in Pre-Primary through Level 5 of the ABT National Training Curriculum. She is also certified in all levels of the Progressing Ballet Technique. Deborah taught at the American Youth Dance Theater in New York City for 14 years. She continues to train at Broadway Dance Center in New York City and attends their yearly Teacher's Workshop. Deborah has choreographed 15 musicals for the Crane Acting Troupe at Ichabod Crane High School. She also was featured in the BBC film Darcey Bussell: Looking for Fred Astaire, and danced with the Anahid Sofian Dance Company in New York City. Deborah is thrilled to be able to share her love and knowledge of dance with the next generation of young artists.

For more information contact: icctempo@gmail.com

REGISTRATION – Please fill out both sides. One form per student, please.
Student Name: ________________________________
Grade in Fall of 2022: _________________________
Age During Camp: _____________________________
Parent/Guardian Name(s): _______________________
Street Address: ________________________________
Town: _____________________________
Zip: _____________________________
Phone (H): _____________________________
(C): _____________________________
Email address: ________________________________

I have enclosed a check for $ ____________
Make checks payable to TEMPO
Please return registration, release and payment to:
ICC Middle School
Attn: TEMPO
2910 Route 9
Valatie, NY 12184