

# **MJP SUMMER CAMP REGISTRATION CHECKLIST**

Welcome to MJP! We are so pleased that you will be joining us to learn the exciting sport and art form of Irish dance. To help you ensure your registration is complete, we have provided the checklist below.

\_\_\_\_\_ MJP INTRO SUMMER CAMP PAYMENT FORM COMPLETED AND ENCLOSED

\_\_\_\_\_ PAYMENT ENCLOSED

\_\_\_\_\_ MJP INTRO SUMMER CAMP REGISTRATION FORM COMPLETED AND ENCLOSED

\_\_\_\_\_ MJP WAIVER AND HOLD HARMLESS AGREEMENT SIGNED AND ENCLOSED

## **MJP SUMMER CAMP DETAILS**

### **WHAT CAMP WILL BE LIKE**

This summer camp will be two fun filled days (3 hours each day) of dancing, games, and more surprise activities!

The last day of camp will include a special performance for any parents who would like to come for the last 30 minutes of the camp to come and watch what your dancer has learned!

### **WHAT TO BRING**

- Yoga Mat - For stretching. If it is nice out, we will do some activities outside!
- Runners/Dance Slippers (Ballet, Highland, Jazz, or Irish)
- Water Bottle - no glass bottles, juice, pop, or sugary drinks please!
- Small Snack - We encourage bringing a healthy snack (ex. carrot sticks and dip)
- Sunscreen - in case we go outside!

### **WHAT TO WEAR**

- A close fitting T-shirt or tank top or a bodysuit with tights
- Shorts, leggings or skirts above the knee
- Please no loose pants or long skirts so there is risk of tripping
- Tights, white socks, and/or leg warmers are all perfectly fine
- Runners/Dance Slippers (Ballet, Highland, Jazz, or Irish)
- Hair: During class, hair should be back from the face and out of the eyes.

# MJP Academy's Introduction to Irish Dance

## SUMMER CAMP/WORKSHOP PAYMENT FORM



If you have never danced before and would like to give Irish dance a try, come join us for a weekend in August to learn the exciting sport and art form of Irish dance!

At our two-day workshop where you will do some crafts, see our older dancers perform and best of all, learn some Irish dance! Younger MJP dancers that already know how to dance are more than welcome to come and take the workshop and have some summer fun with us too!

### CAMP DATES & TIMES

Saturday, August 10, 2019 9:00am- 12:00noon.  
and Sunday, August 11, 2019 2:30pm-5:30pm

### LOCATION

Highwood community center  
16 Harlow Ave. N.W.

### PAYMENT

To attend the introduction workshop, I have included:

One \$100.00 cheque dated for August 1<sup>st</sup>, 2019 OR \$100.00 Cash

### PAYMENT POLICIES

**ALL CHEQUES PAYABLE TO: JOELLE SHEPPARD**

#### WITHDRAWAL POLICY

We hope that you will join us for our workshop but, should you find it necessary to withdraw from this workshop, you must notify the studio in writing prior to the 1st day of the month of August, 2019. Non-attendance is not considered proper notice.

#### REFUND POLICY

Refunds will be given if notification has been received in writing before August 1st, 2019. Refunds will not be given for missed workshops. Credit may be given in the event of a medical emergency. Situations such as this will be considered on a case-by-case basis.

Once registered for a workshop, the fees are non-transferable.

#### NSF CHEQUES

\$25.00 will be charged for all NSF cheques.

#### NON-PAYMENT POLICY

Dancers with outstanding balances will not be allowed into class.

# MJP Academy of Irish Dance Introduction to Irish Dance SUMMER CAMP/WORKSHOP REGISTRATION FORM



To register, completed forms and cheques can be brought in person to one of our classes  
OR to register for camp through mail, your completed forms and cheques can be sent to:

**Deborah Braden, 151 Cantree Place S.W., Calgary, AB. T2W 2K2**

## Student information:

Name (First and last) \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_\_  
Day/Month/Year

Address \_\_\_\_\_

e-mail \_\_\_\_\_

Home telephone number(s) \_\_\_\_\_

Please list any known allergies or any medical condition:

(We will be serving snacks at the camp so it's very important you list any food allergies here)

\_\_\_\_\_

\_\_\_\_\_

## Parent(s) / Legal Guardian(s) information:

Name(s) \_\_\_\_\_, \_\_\_\_\_

Work place address \_\_\_\_\_

Work number \_\_\_\_\_ Cell phone number \_\_\_\_\_

## MEDICAL ACTION IN CASE OF EMERGENCY

I \_\_\_\_\_ give permission for a First Aid Trained and Certified person to take  
(Parent / Legal Guardian)

appropriate medical action in the case of a medical emergency for \_\_\_\_\_.  
(Student's name)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated (Day/Month/Year)

**HOW DID YOU HEAR ABOUT US?** Website/ Word of Mouth/other \_\_\_\_\_

# M.J.P. Academy of Irish Dance

## WAIVER, RELEASE and HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_, (name of participant/student), the undersigned, affirm that I am participating voluntarily in dance class (s) at M.J.P. Academy of Irish Dance, the "Academy".

I, together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability, represent covenant and agree, on behalf of myself and my heirs, assigns and any other person claiming by, under or through me as follows:

- A. I acknowledge that participating in Irish Dance class (s) the "Activity" involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others.
- B. I accept and voluntarily incur all risks of any injuries, damages or harm which arise during or result from my participation in the Activity. These risks include, but are not limited to, the possibility of accident or illness while traveling to or from events, as well as any injury, death or property damage arising out of participation in the physical activity involved with the Activity. **M.J.P. Academy strongly recommends that each participant have an annual physical examination and carry personal health and accident insurance.**
- C. I waive all claims against M.J.P. Academy of Irish Dance, the Trustees of M.J.P. Academy of Irish Dance and/ or its or their departments, affiliates, employees, officers, agents or insurers (Released Parties) for any injuries, damages, losses or claims, whether known or unknown, which arise during or resulting from my participation in the Activity. I release and forever discharge the Released Parties from all such claims.
- D. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees, court costs and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or lawsuits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages or expenses which arise during or result from my participation in the Activity.
- E. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily. This agreement and waiver shall enure to my heirs and relatives.

**Please initial the boxes below indicating and confirming your agreement with each paragraph.**

I recognize that from time to time, there may be pictures taken of myself or my dancer. These pictures may be posted on the Internet for viewing by other students and / or the general public. I acknowledge that I am aware of these pictures and permit their posting on the M.J.P. Academy website.

M.J.P. Academy maintains a record of all registered students. I recognize that my name and my dancer's name is recorded on this list. This list is shared with the M.J.P. Irish Dance Association for the purpose of their membership recording. The list is not shared outside of M.J.P. Academy or M.J.P. Irish Dance Association.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**By signing below, I agree to the above statements and the specific statements I have initialed.**

<b>MINORS (Under age 18)</b>	<b>DANCER OF LEGAL AGE (Age 18 or Over)</b>
Father/Mother/Guardian (Circle one) Printed name	Printed Name of participant (student)
Parent / Guardian Signature	Signature of Participant (Student)
Printed Name of Minor participant (student)	Participant Date of Birth (Year Month Day)
Participant Date of Birth (Year Month Day)	