

Pope John Paul II Catholic High School

would like to invite you to

🍁 *Fall* 🍁 in



with *Dance*

with your 2017-2018 Jazz Cats Mini Camp!

Camp is open to students in grades **K-7**

When: Saturday, October 21, 2017 **8am-12noon**

Where: PJP Gym/Cafeteria

1901 Jaguar Drive

Slidell, LA. 70461

\$40 Registration fee includes a performance shirt, crafts, a picture with Jeffrey the Jaguar, camp refreshments & admission to the game for all dancers.

Half-time performance with the Jazz Cats will be during our home football game vs. Northlake Christian on **October 27, 2017**. Please make sure to have your dancer here by **7:45p.m.** We will meet near the concession stand in order to stretch and practice.

Please fill out and return registration form & waiver no later than October 18, 2017.

Child's Name: _____ Age: _____

School: _____ Grade: _____

Parent's Name: _____ Phone#: _____

Please return registration & waiver forms with payment (checks payable to PJP) to the school office or email Kandis Porter at kporter@pjp.org. All forms are available on our website at pjp.org.

DANCE CAMP PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name (child): _____

Birth Date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Cell phone: _____ Emergency Contact: _____

I, _____ grant permission for my child, _____
(Parent/Guardian's name) (Child's name)

to participate in _____.

This activity will take place under the guidance and direction of parish employees and/or volunteers from _____.

(Name of parish/school)

A brief description of the activity follows:

Type of event: _____

Location of event: _____

Individual in charge: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, it's officers,

(Name of parish)

directors, employees and agents, and the Arch Diocese of _____, it's employees and agents, chaperones, or representatives associated with the event, from or in connections with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, it's officers, directors and agents, and the Arch Diocese of _____, it's employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____

Family doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____

Date: _____