

# KMC's 25<sup>th</sup> !!Annual Dance Camp 2018

*July 16<sup>th</sup>-20<sup>th</sup> at Cannon Falls Campground*

**Cost is \$410 due by May 13<sup>th</sup>. Cash or Checks only.**

*Checks will not be cashed until after May 14<sup>th</sup>.*

Please fill out the white pages and turn in with a copy of your insurance card. The blue sheets are yours to keep for reference.

Bus Departs **Monday July 16<sup>th</sup> 9:30 am** from Shorewood, Robbinsdale and Albertville Studios

Bus Arrives **Friday July 20<sup>th</sup> at 10:30 am** at Shorewood, Robbinsdale and Albertville studios.

## Things to Bring-Label EVERYTHING!

Packing things in a plastic bin helps to keep things dry

- \*Sleeping bag, pillow, twin air mattress or cot
- \*Rain gear and warm clothes
- \*Dance outfits and Dance shoes (proper fitting shoes are required)
- \*Flashlight
- \*Insect repellent
- \*Sunscreen
- \*Towels
- \*Swimsuit
- \*Personal items (shampoo, soap, deodorant, toothpaste/brush, hair ties etc..)
- \* Money to buy goodies at the store and **Quarters for the showers** 25c = 6 Minutes
- \*Exercise Mat and **Water Bottle**
- \*4 Movie Sized candies for Wednesdays party (no chocolate) Please put candy in a labeled ziplock bag
- \*Northerns group... Massage Oil
- \*Campfire Chair
- \*Disposable Camera (cell phones are not allowed)
- \*Can of Soup for "Carol's Mulligan Stew" (no seafood or chowder)



**DO NOT BRING:** cell phones (they will be taken away) electronics, food/chocolate, scooters, bikes, skateboards or glowsticks

**THEME PARTY- “This land is your land”**

Please send a costume for Wednesday night’s party. Dress up as a way to represent a state in America . Dancers feel very left out if they do not have a costume.

**Dress up Days**

*Monday-* Camp t-shirt day (time to see how creative you are!)

*Tuesday* -Tutu Tuesday

*Wednesday-* Glamour and Glitz

*Thursday* -KMC spirit day

Awards are given out at the end of the week for the most creative outfits each day and for the theme party.

**Campers LOVE getting mail !!**

Dancers name in c/o KMC Dance Camp

Cannon Falls Campground

30365 Oak Lane

Cannon Falls MN 55009

Start sending mail on Saturday July 14<sup>th</sup> for your dancers to receive early in the week. Please do not send any mail after Tuesday the 17<sup>th</sup>. Many times it does not get to the dancer before they leave.

Telephone # to campground 507-263-3145. FOR EMERGENCIES OLNLY

**Any other Questions?**

Email us

Shannon [Ssharris005@aol.com](mailto:Ssharris005@aol.com) or Christine [dancinstene@gmail.com](mailto:dancinstene@gmail.com)

We are looking forward to a fun filled week with your children!

Sincerely, Shannon, Christine and all the KMC teachers.

# **Medical permission Form**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Physician \_\_\_\_\_ Clinic Phone # \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's daytime Phone # \_\_\_\_\_ Evening \_\_\_\_\_

Father's Daytime phone # \_\_\_\_\_ Evening \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list all medications that will be sent to camp with your child. All medications will be collected by our nurse upon arrival. A doctor's signature is not required for prescription medication if it is sent in the original packaging with all information clearly displayed. You may also send over the counter medications in the original bottle with the appropriate dose for your child's weight included. Please list all medications separately below.

Medication \_\_\_\_\_ Reason for taking \_\_\_\_\_

Instructions for use \_\_\_\_\_ Dosage \_\_\_\_\_

Time/frequency \_\_\_\_\_ Number of days \_\_\_\_\_

Possible side effect, if any \_\_\_\_\_

Medication \_\_\_\_\_ Reason for taking \_\_\_\_\_

Instructions for use \_\_\_\_\_ Dosage \_\_\_\_\_

Time/frequency \_\_\_\_\_ Number of days \_\_\_\_\_

Possible side effect, if any \_\_\_\_\_

Medication \_\_\_\_\_ Reason for taking \_\_\_\_\_

Instructions for use \_\_\_\_\_ Dosage \_\_\_\_\_

Time/frequency \_\_\_\_\_ Number of days \_\_\_\_\_

Possible side effect, if any \_\_\_\_\_

Please use the back of this form if necessary for further medications. Please send an additional form with your child if this information changes.

Any allergies? \_\_\_\_\_

Any concerns or special needs? \_\_\_\_\_

\_\_\_\_\_

Is this your Child's 5<sup>th</sup> year at KMC Dance Camp? \_\_\_\_\_

Is this your Child's 10<sup>th</sup> year at KMC Dance Camp? \_\_\_\_\_

Will your child's birthday be during the camp week? \_\_\_\_\_ If yes..What day? \_\_\_\_\_

May we take videos/still pictures of your child for social media/other studio purposes at camp? \_\_\_\_\_

The following is a list of non-prescription medications and ointments that will be at camp. Please circle the items that we MAY give your child.

Tylenol	Sudafed	Ibuprofen/Advil/Motrin	Benadryl
Antacid	Sunscreen	Calamine	Insect Repellent
Robitussin	Zinc Oxide		

**About my child:** \_\_\_\_\_ Is this their first camp experience? \_\_\_\_\_

Does your child have any chronic health conditions? (asthma, diabetes, ADD etc..)

\_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_

Last Tetanus Booster? \_\_\_\_\_ Allergies to medications? \_\_\_\_\_

*\*If your child has had an anaphylactic reaction in the past, please send an epi pen to camp*

Is there anything else you would like us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My Dancer would like to tent with:**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_

**Please plan accordingly. Make sure the friends that you would like to tent with are going to camp. Communicate your plan to write their names down as friends to tent with.**

*There are no guarantees you will be put in a tent with the other campers you requested.*

***Parent Signature*** \_\_\_\_\_

I \_\_\_\_\_ hereby give KMC Studios LLC and/or KMC Dance Albertville LLC and their staff permission to acquire any necessary medical treatment for my child. This may involve transportation in a vehicle driven by an employee of KMC Studios LLC and/or KMC Dance Albertville LLC to a physician, pharmacy or emergency room. In the event of an emergency, it may also require ambulance transportation. I understand that the staff will attempt to reach me promptly in case my child needs to see a physician, but they have my permission to act on my behalf in the event I cannot be reached.

I \_\_\_\_\_ hereby authorize the owners and/or staff of KMC Studios LLC and/or KMC Dance Albertville LLC to act for me according to their best judgement in an emergency requiring medical attention and I hereby release and waive the staff from any and all liability for any injuries or illness while at camp. I understand that participation involves motion in a unique environment and as such carries with it the risk of injury. The Cannon Falls Campground or KMC Studios LLC and/or KMC Dance Albertville LLC is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the campers or the camper's family. In lieu of a medical certificate signed by a doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program as outlined by the information given to be by the camp poster and this brochure, which I have read.

Child's name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_