

KMC's Dance Camp 2025

July 14th-18th at Cannon Falls Campground

Cost is \$465 due by June 1st. Parent portal or checks only(cashed or processed by June 1st)

**Early Bird Rate-\$465.00 before June 1st^h*

Between now and June 1st, \$465, after June 1st, \$495

Mail forms and check to 25725 Valleywood Ln, Excelsior MN 55331



Parent Drop off at the campground between 10:30 am and 11am on Monday.

Parent Pick up at the campground between 10:30 and 11am on Friday.

BENEFITS OF GOING TO CAMP:

- *Challenge of learning 3-5 dances in a few hours, then performing them**
- *learning many new skills**
- *Making new friends from other studios**
- *Getting to know all the KMC teachers on a new level**
- *Learning how to be more self-sufficient,(schedules, cleaning of tents, working with others)**
- *Independence from technology was one of the most appreciated things told to us by students.**
- *Fun-filled action all week!**

Things to Bring-Label EVERYTHING!

Packing things in a plastic bin helps to keep things dry, or daily zip-lock bags with the outfit in them helps a lot!

***Sleeping bag, pillow, twin air mattress or cot (Queen size ok if sharing. This actually works best!)**

***Packing everything in ziplock bags works the best**

***Rain gear and one warm outfit**

***Dance outfits(4-5 dance outfits) and Dance shoes (proper fitting shoes are required. This includes tap shoes)**

***Flashlight**

***Sunscreen!!!! (Most important!)**

*Towels-(2-3)

*Swimsuit (1-2)

*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- NO candy with peanuts or peanut butter.

*Northernns group... Massage Oil

*Campfire Chair

*Disposable Camera (cell phones are not allowed)

*Can of Soup for “Carol’s Mulligan Stew” (no seafood, chowder or cream based soups-Chicken noodle, tomato, vegetable work best)

*3 pair shoes (crocs, flip flop, sneakers)

*all food allergies and vegan/vegetarian dietary needed will be accommodated.

DO NOT BRING: cell phones (they will be taken away) electronics, food/ chocolate, scooters, bikes, skateboards or glowsticks. Most children enjoy the no cell phone rule. It gives them a much needed break from technology for the week.

THEME PARTY- Games!

Please send a costume for Wednesday night’s party. Dress up as a way to represent “Beach Party!” 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- Dress like a KMC Dance Teacher Day

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.

*Clean tent awards are given out daily.Creative decor is strongly encouraged to win awards!!!!(no tape or safety pins please)

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 11th for your dancers to receive early in the week. Please do not send any mail after Tuesday the 14th. 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:Shannon Ssharris005@aol.com phone:6125984455

We are looking forward to a fun filled week with your children! Mail forms(please no scanning and sending) and checks or specify "Portal" (must be paid and processed by June 1st to receive early bird rate) to:

25725 Valleywood Ln. Excelsior, MN 55331

Sincerely, Shannon, Gina and all the KMC teachers.

Tent# _____ Group _____ (for office use only)

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 5th year at KMC Dance Camp? _____

Is this your Child's 10th 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? _____

*PLEASE NOTE:Photos are done only at instructors convenience only. We do our best to post photos during the week. There is no guarantee that every child will be photographed.

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.	Melatonin.	Tums/pepto bismol

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?

DANCERS NAME _____

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.** KMC can not guarantee your dancer will be with requested people.

Parent Signature _____

I _____ hereby give KMC Studios LLC and/or KMC Dance Studios 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 Studios 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 Studios 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 Studios 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 _____ ParentSignature _____

Date _____