



## Dancesation Summer Vacation Program



**WHO:** Youth, ages 6-12 years (boys & girls)      **WHERE:** Milford Town Hall Auditorium  
**WHEN:** Monday – Friday, June 22<sup>nd</sup> – June 26<sup>th</sup>      **TIME:** 8:30 am - 4:00 pm  
**COST:** \$125.00 (includes costume, craft supplies, pizza party)

**TO REGISTER** Pre-registration is required.

Registration deadline is the Monday before the start of program. Every effort will be made to accept late registrations if space is available. Mail in complete registration form or register in person at the Recreation Dept.

**CLASS SIZES ARE LIMITED. Registration is First Come, First Serve.**

- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00.**
- No Refunds once session commences.

**\* Please have children bring water bottle, comfortable shoes/clothes, snacks and a lunch**

Join professional teacher/choreographer, Tarryn Brandl for a week long dance program that will provide young dancers of various levels with instruction in Ballet, Jazz, Hip Hop, Musical Theatre, Modern, and even Yoga! Learn basic skills, technique, and musicality, knowledge of dance vocabulary, as well as enjoying creative projects, arts and crafts, games, and making our own costumes. Throughout the week the children will experience not only various styles of dance but also learn what goes into putting on a show. At the end of the week dancers will showcase what they have learned with a performance for their family and friends. This is the perfect program for anyone who just wants to DANCE! Sample daily schedule below:

- |                            |                               |                             |
|----------------------------|-------------------------------|-----------------------------|
| ❖ 8:30- arrival, breakfast | ❖ 10:45- snack                | ❖ 1:00- hip hop             |
| ❖ 9:00- cardio warm up     | ❖ 11:00-ballet intermediate / | ❖ 1:45- introduce new style |
| ❖ 9:30- stretch            | jazz beginner                 | ❖ 2:30- games               |
| ❖ 10:00- ballet beginner / | ❖ 11:45- craft                | ❖ 3:30- show rehearsal      |
| jazz intermediate          | ❖ 12:30- lunch                |                             |

**2009 Dancesation Summer Vacation**

**\*\* One Form Per Participant \*\***

NAME \_\_\_\_\_ DOB \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 Address, Town, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
 Family E-Mail: \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**HEREBY GIVE MY PERMISSION** for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

**IN CASE OF EMERGENCY**, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

**PLEASE LIST ALL MEDICAL CONCERNS** or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes \_\_\_\_\_ No \_\_\_\_\_ Company Name & Policy \_\_\_\_\_

**For Office Use Only**

Amount \$ \_\_\_\_\_  
 Cash ⇔ Check ⇔ \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_