



MARITIME CENTRE FOR AFRICAN DANCE

REGISTRATION FORM FOR THE AFRO-DANCE CAMP

NAME:.....
AGE.....
HEALTH CARD NUMBER.....
SCHOOL ATTENDED.....
HOME PHONE NUMBER.....
EMAIL ADDRESS.....
MALE / FEMALE (Please Circle One)
SHIRT SIZE (Please Circle One) Small Medium Large

For emergencies only, we require two contacts:

1) EMERGENCY CONTACT NAME.....
DAY PHONE NUMBER.....
NIGHT PHONE NUMBER.....
RELATION TO CAMP ATTENDEE.....

2) EMERGENCY CONTACT NAME.....
DAY PHONE NUMBER.....
NIGHT PHONE NUMBER.....
RELATION TO CAMP ATTENDEE.....

You are welcome to send money with your children to come with money on your person. Please note that Maritime Centre for African Dance is not liable for any money stolen or missing from yourself or your child.

SIGNATURE.....

By signing above, I attest to the above mentioned statements.



MEDICAL HISTORY

- a) Have you had any major body injuries in the past before?
- b) If so, do you take medication for your injuries?
- c) Do you suffer from any body ailment?.....
- d) Do you take any medication?.....
- e) If you take medication what specifically is your medication for?.....
- f) If you answered yes to (d), how many times a day do you take your medication?
.....
.....
- g) If you have any other allergies, please notate them at the bottom.
.....
.....
.....
- h) If you have any other pertinent medical history/information please notate
.....
.....
.....
- I) Are you allergic to peanuts?

PLEASE READ AND SIGN BELOW:

I have attested that the above medical information is the true and correct with my signature below. Furthermore, 3 medication boxes, (prescription), will be clearly labelled One will be kept by myself or my child, the other to the camp Leader and one more to the Director. I understand that should any medical emergencies occur as a result of not taking the medication or taking too much of the medication, I will not hold the Camp Leader, the Afro-Dance Camp or the company itself, the Maritime Centre for African Dance liable. I understand that I/my child is accountable for taking the medication. If, under circumstances myself/my child refuses to take the medication, (as prescribed by my

child's doctor) during the camp, the child/myself will be sent back home at myself/my **child's financial expense.**

I attest and agree to all the above information as per my signature below:

NAME OF THE STUDENT.....

ARE YOU OVER THE AGE OF 19?.....

IF NOT, GUARDIAN FULL NAME:.....

SIGNATURE:.....

(Please sign only if you are over the age of 19)



LIABILITY FORM FOR PARENTS/STUDENT OF LEGAL CONSENT (OVER THE AGE OF 19)

I understand, that in the event of anything, physical harm, or otherwise, occurring to my child/myself (if you are over the age of 19), that I will not hold the Maritime Centre for African Dance responsible or accountable for that fact. Furthermore, I have understood the rules pertaining to the camp for my child/myself, as included in this package by signing below. I understand that the regulations and rules and regulations guide the code of conduct for the camp and are for the benefit of all the students involved. I understand that, were the rules not to be followed, that I am liable to have my child/and or myself, (if over the age of 19), sent back from the camp at my expense, financially.

I consent to my child adhering to the code of the behavior by my signature below. In addition, I agree to the disciplinary actions outlined in this camp package, under the Disciplinary Action section.

I agree to send **three packages** of medication for the 7 days with my child/myself. One package of medication will be kept by the designated Camp Leader and the other by the Camp Director. This is solely for my or my child's benefit.

I also understand that should anything go missing, or be damaged, I will not hold the Maritime Centre for African Dance responsible or accountable for those missing materials or equipment, (which is not exclusive, but including CD Player, and MP3 player). Anything that I or my child bring to the camp shall be bought at my discretion and if it does go missing, I/my child will be accountable for any damage or missing materials.

I agree to all the statements highlighted in this passage as per my signature below.

NAME:.....

STUDENT NAME:.....

SIGNATURE:.....

(IF UNDER THE AGE OF 19, PLEASE HAVE A PARENT OR GUARDIAN SIGN AND PRINT THEIR NAME)

DATE:.....



To whom it may concern,

Thank you for enrolling in the Afro-Dance DAY Camp! This is the first of its kind ever held in the Maritimes and in Canada. The Camp focuses on physical activity, cultural enhancement, (African), teamwork (with peers) and creativity through storytelling and diary writing. As this is the third annual Afro Dance Camp, there will be NEW workshops such as Gumboot/stomp dance, Hip Hop Dance and much more!

As you can tell from the line up and just the few highlights mentioned above, this DAY camp will be all rounded for the individuals attending. For this reason we have created some guidelines and regulations for the code of conduct for the camp. In respect of each other and our campers, among many other goals, one of our goals is to create a safe, enjoyable, learning environment to nurse cultural and self-development.

Other goals for yourself or your child include:

- Enriching cultural exposure
- Interaction with peers
- Teamwork, (learning to work in a team with peers through a show at the end of the week)
- Increasing physical activity co-ordination through games, dance and walks
- Visual education and stimulation with regards to instrument playing of marimba, xylophones and drumming (jembe)
- Responsibility of self and others, by pairing older children with younger children and providing for periods of big brother or big sister events.

There are 3 trained Camp Leaders and a Director, who will be in charge of the students.

Your sincerely,

Mufaro C



GENERAL INFORMATION FOR AFRO-DANCE CAMP

In this package you will find the following items:

REGISTRATION FORM
MEDICAL FORM
LIABILITY FORM FOR PARENTS/STUDENTS OF LEGAL CONSENT (OVER THE AGE OF 19)
REGULATIONS AND DISCIPLINARY ACTION
SCHEDULED ACTIVITIES FOR THE AFRO DANCE CAMP
SUGGESTED ITEMS TO BRING TO THE CAMP

Please note that the following needs to be included in the package to be sent back:

REGISTRATION FORM
MEDICAL FORM
LIABILITY FORM

The forms are to be sent to the following address:

P O BOX 36152.

Halifax

NS B3S 3B9

Each participant has to bring his/her own lunch and snack for the day. The day begins at 8am and ends at 5pm. There is a grace period of 15 minutes to pick participants up before a standard late fee of \$10 per minute after the 15 minute wait.



RULES AND REGULATIONS FOR THE AFRO-DANCE CAMP

The following are the rules and regulations for the youth and students for the camp:

- Zero Tolerance for drugs of any form, (expulsion will follow at student's expense if this rule is broken)
- No physical fighting permitted, if this rule is broken, the students involved will be removed from the camp at their parents' expense.
- Each student is required and make entries into their notebooks for self development.
- If on medication, each student is required to bring TWO sets of their medication, and provide one for the Camp Leader, and one with the Camp Co-ordinator.
- NO ELECTRIC DEVICES, such as cellphones, Mp3 players and laptops are allowed while in workshops.
- ONCE registered for the camp, each participant has to stay for the FULL duration of the camp, unless there are any emergencies, or other arrangements have been made.
- Each Student is required to attend all workshops as provided for them in a group setting.
- Students are expected to respect themselves and others throughout the whole camp through their actions, activities and words.
- No verbal abuse toward one another or camp leaders will be tolerated. Any such action may lead to being expelled from the camp .