



*Royal Impact Dance Team Presents*

# HIP HOP DANCE CLINIC

SUNDAY, JUNE 23RD

10:00 AM - 2:00 PM

LYNNWOOD HIGH SCHOOL MAIN GYM

OPEN TO K-12TH GRADERS

**\$30**

COME LEARN FUN HIP HOP CHOREOGRAPHY FROM  
SHEA DELA CRUZ SHUMON WOOD PON NUTH

Class showcase will begin at 1:30 PM, open to parents & guardians.

To participate, fill out this form, the Assumption of Risk release,  
attach payment, and return to

**Lynnwood High School, C/O Dance - Monika Nuth**  
**18218 North Road, Bothell, WA 98012**

Payments can be made via cash, card, or check, at the LHS ASB  
Office. Cash and check will be accepted day of clinic.

All checks must be payable to the Edmonds School District.

If you have any questions, please contact

**Coach Monika at 425.248.7391 or [lhs.royalimpact@gmail.com](mailto:lhs.royalimpact@gmail.com)**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SELECT CLASS LEVEL (circle one):

Beginner/Intermediate      Intermediate/Advanced

\*\*\*Please bring a (labeled) water bottle and snack(s)\*\*\*

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Royal Impact Hip Hop Dance Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of dancing entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being.

(Parent initial): \_\_\_\_\_

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

(Parent initial): \_\_\_\_\_

### MEDICAL INFORMATION

The following special health concerns should be noted:

\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INSURANCE

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.***

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for

\_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the Royal Impact Hip Hop Dance Clinic, June 23rd, 2019 for the purpose of practicing fundamental dance skills in order to enhance skill and performance level, and have fun!

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_