APPLICATION FOR
DANCE OFF! DANCE CAMP
www.danceoff.com.au

★ Limited to 3 students per school. For special requests, contact the organiser.
★ Places are limited and there will be a cut off once capacity is reached.
Send back completed forms and payment ASAP.

FOR YEARS 7 TO 12 STUDENTS IN NEW SOUTH WALES
SENIOR CAMP – APRIL 4TH TO APRIL 7TH

Dance workshops include styles such as Jazz, JFH, Hip Hop, Contemporary, Lyrical Jazz, Musical Theatre, Classical Ballet, led by professional dancers.

Venue: Merroo Christian Centre
182 Mill Road, Kurrajong, NSW
Tel: (02) 4573 1280

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<th>ARRIVAL</th>
<th>DEPARTURE</th>
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<td>Tuesday April 4th – Arrive 8:00am</td>
<td>Friday April 7th – Depart 3:00pm</td>
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• The ‘DANCE OFF!’ Camp is a NSW Department of Education and Communities Initiative for gifted and talented Dance students in Stage 4-6 (Years 7 to 12 Secondary School)

• It is a four-day residential camp, at which students participate in dance workshops with qualified and experienced dance instructors as well as choreographic sessions.

• At 2:00pm on the last afternoon the students present a performance to an audience of parents, principals and teachers and then an awards ceremony.

• There is mobile phone reception at this site; however, mobile phones will be collected at registration and handed out in the case of emergencies only.

• All meals and accommodation are included in the cost of the camp.

• Confirmation of acceptance will be sent via email.

• Camp information will be available on the website.

Email enquiries: info@danceoff.com.au or visit www.danceoff.com.au for the latest information.
ATTENTION: SCHOOL CO-ORDINATORS AND PARENTS:

1. Please complete application form and return either by:
   Email: info@danceoff.com.au
   Fax: (02) 9639 7831 or
   Mail: Att: Ms Kim Rhodes – Dance Off!
   PO BOX 641
   Winston Hills, NSW 2153

2. Make cheque or Money Order of AUD $300.00 payable to:
   Quakers Hill High School
   DO NOT make cheque out to DANCE OFF!
   Any Money orders or Cheques addressed incorrectly will not be processed.
   PRINT Child’s name, School and Phone No. on back of Cheque or Money order.

3. Please send full payment to:
   Att: Ms Kim Rhodes – Dance Off!
   PO BOX 641
   Winston Hills, NSW 2153

ALL TO BE COMPLETED and RECEIVED BY THURSDAY 29TH MARCH 2017

Launche Roma
Dance Camp Co-ordinator
Launcelot.Roma@det.nsw.edu.au
Tel: 0410 404 562 available after 4pm

Kim Rhodes
Dance Camp Co-ordinator
kim.haynes@det.nsw.edu.au
Tel: 0407 704 289 available all day

If unable to scan and email additional documents, please Fax to (02) 9639 7831

PLEASE MAKE SURE YOU MEET THE FOLLOWING DANCE SELECTION CRITERIA:

1. Must have dance training and experience:
   Please state dance styles on the application form.

2. Must be able to follow choreography and routines

3. Students must be comfortable staying overnight
COMPLETE THE PERMISSION / MEDICAL FORM
AND RETURN BY 29TH MARCH 2017

I give permission for my son/daughter (Full name) ____________________________________________,
D.O.B ____/____/____, of year _____ at ____________________________________________________________ School,

to attend the ‘Dance Off! Senior Dance Camp’ at Merroo Christian Centre, 182 Mill Rd, Kurrajong, NSW.

I give permission for any still or video photographic material taken of my child to be used by the DoE in
training or publicity, for teachers and schools including websites and social networking sites.

(please tick ☑) YES ☐ or NO ☐

I give permission for my child to be considered in the audition process for future performances.

YES ☐ or NO ☐

I will drive my child to and from the camp, or if this is not possible, I will arrange for another parent to drive
my child (I have included a permission letter, stating all details, with this form).

YES ☐ or NO ☐

I am also aware that I may be contacted to collect my son/daughter if he/she behaves inappropriately.

I give permission for my son/daughter to receive medical attention if required.

YES ☐ or NO ☐

MY CHILD HAS THE FOLLOWING SPECIAL NEEDS:

Medication: ____________________________________________

(Tick ☑ appropriate) Student ☐ or Teacher ☐ to hold

All medications are to be labelled and placed in a lunch box style container with name, time and dosage
clearly written on the box. Generally all medications are kept and administered by Dance Off staff with the
exceptions of Ventolin unless otherwise stated by a parent or guardian.

Dietary needs: ____________________________________________

Allergies:

__________________________________________________________

Behavioural / Social / Support Needs:

__________________________________________________________

Physical Needs / Disability: ____________________________________________

Email enquiries: info@danceoff.com.au or visit www.danceoff.com.au for the latest information.
DANCE EXPERIENCE
Style most experienced in, eg. Jazz, Hip Hop
Name of Dance School ___________________________ No. of years dancing ______
List any dance achievements / awards or industry experience ______________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Please attach (scan and email or fax) any additional information to this form before returning to us.

Parent/Guardian Full Name: (Please Print) ________________________________________________
Relationship to child: __________________________________________________________________
Home address: _________________________________________________________________________
_____________________________________________________________________________________
Contact numbers: (Day) ____________________ (Evening) ________________________________
Email address: __________________________________________________________________________
Medicare number: __________________________ Driver license #: ____________________________
ATSII NESB □
Signature of Parent/Guardian: ____________________________________________ Date: __/___/___

Forms will not be accepted without signatures of dance coordinator and principal

Principal Name: (Please Print) ____________________________________________________________
Signature of Principal: ______________________________________ Date: __/___/___

Dance Coordinator Name: (Please Print) __________________________________________________
Signature of Dance Coordinator: ______________________________________ Date: __/___/___