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 5 AND 6 STUDENTS IN NEW SOUTH WALES
JUNIOR CAMP – APRIL 26TH TO 28TH

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

Venue: Merroo Christian Centre
182 Mill Road, Kurrajong, NSW

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<thead>
<tr>
<th>Tel: (02) 4573 1280</th>
<th><a href="http://www.merroo.com">www.merroo.com</a></th>
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<tbody>
<tr>
<td>ARRIVAL</td>
<td>DEPARTURE</td>
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<td>Wednesday April 26th – Arrive 8:00am</td>
<td>Friday April 28th – Depart 3:00pm</td>
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• The ‘DANCE OFF!’ Camp is a NSW Department of Education Initiative for gifted and talented Dance students in Stage 3 (Years 5 and 6 Primary School)

• It is a three-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 third afternoon the students present a performance to an audience of parents, principals and teachers.

• 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 $230.00 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 20th April 2017

Launce 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:
2. Must be able to follow choreography and routines
3. Students must be comfortable staying overnight
COMPLETE THE PERMISSION / MEDICAL FORM
AND RETURN BY 20TH APRIL 2017

I give permission for my son/daughter (Full name) ________________________________.

D.O.B ____/____/____, of year ____ at ________________________________School,
to attend the ‘Dance Off! Junior 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
teaching 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 #: __________________________

ATS □ 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: ___/___/___