



HILL IRISH DANCE SCHOOL

OKLAHOMA – STILLWATER

Certified Teacher: Jean Hill, TCRG

1720 NW 37th Street, Oklahoma City, OK 73118  
(405) 524-7322 www.hillirishdance.com

## CELTIC CAMP AUGUST 2-6, 2010 REGISTRATION

Please make checks payable to Jean Hill and mail with registration form to:  
1720 NW 37 St., Oklahoma City, OK 73118

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Boy Girl

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size (please circle one): Youth S M L XL / Adult S M L XL

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Allergy Info \_\_\_\_\_

*\*Please inform director if your child has medications with him/her.*

### CAMP SELECTION

- 3/4 Day Camp 9am–1:30pm
- Full Day Camp 9am–4pm

### DANCE LEVEL

- Beginner
- Intermediate
- Advanced

### MUSIC LEVEL

- Beginner
- Intermediate
- Advanced

### HAVE PENNY WHISTLE?

- Yes (in Key of D)
- No

### FEES

3/4 DAY CAMP: \$110 if paid by July 12th (\$120 after July 12th)

FULL DAY CAMP: \$165 if paid by July 12th (\$180 after July 12th)

BEFORE AND AFTER CARE: \$8 per day (\$4 per day mornings, \$4 per day afternoons)

BEFORE: (please circle): Mon Tue Wed Thu Fri • AFTER: (please circle): Mon Tue Wed Thu Fri

Limited scholarship funds are available. Contact Camp Director, Jean Hill, for more information:  
hill\_jean@sbcglobal.net, 405-524-7322.

**Total Enclosed:** \_\_\_\_\_

**RELEASE:** I consent to have my child participate in programs offered by Hill Irish Dance School. I agree to waive and release all rights and claims for damages that I may have against this organization or its representatives, whether paid or volunteer, for any injuries or damages in connection with dance or other activities associated with Celtic Camp.

**PERMISSION FOR MEDICAL TREATMENT:** I authorize simple first aid and consent to any medical intervention deemed necessary. I have informed the instructors of any health issues that may affect my child during dance activities.

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_