



## **CAPITAL DISTRICT YMCA DAY CAMP: THE PERFORMANCE PROJECT: YOUTH IN MOTION**

**July 16-20, 23-27 & July 30**



Presented by the Saratoga Performing Arts Center, the Capital District YMCA, and the Saratoga Regional YMCA, in association with National Dance Institute.

Saratoga Performing Arts Center is once again joining hands with the Capital District YMCA, the Saratoga Regional YMCA, and National Dance Institute (NDI) in New York City to remount last summer's incredible dance education/fitness program called "The Performance Project: Youth in Motion". This program is an exciting opportunity for children between the ages of 9 and 12 to express their uniqueness, be a part of a team, and **LEARN TO DANCE!**

Beginning on July 16th, master teaching artists from NDI will visit the Schenectady YMCA every afternoon, teaching highly energetic and creative dance classes that will provide fundamental instructions in a wide array of fun, contemporary dance styles. The program will culminate on July 30th, when these 40 young dancers from the Capital District YMCA are joined by another group of young dancers from the Saratoga Regional YMCA and 30 members of National Dance Institute's own Celebration Team to perform a choreographed dance piece on SPAC's main stage as a pre-show to that evening's main event.

Due to the generosity of Capital District YMCA donors, the summer day camp and The Performance Project fees for 40 children (\$225/week x 2 weeks) will be covered.

## Camp Dates:

- July 16 – July 20, July 23 – 27, and July 30, 2018
  - Campers will be building on their skills each day leading up to the performance at SPAC.  
**Campers must be able attend all 11 days of The Performance project to enroll & ages 9-12**
- Performance Monday, July 30 2018 at 7:00pm at Saratoga Performing Arts Center

## The Performance Project: Youth in Motion Day Camp Experience:

Breakfast, Lunch and Afternoon snack will be provided each day to campers. Dinner will also be provided on July 30<sup>th</sup>. Campers are welcome to bring their own nut-free food items. A list of “what to bring” will be sent to all campers prior to the start of camp!

July 16 – July 27	7:00am – 8:30am	Early Camp Drop-off Available
	8:30am – 1:00pm	Traditional Day Camp Activities at Schenectady YMCA Activities may include: Crafts, games, gym activities and field trip
	1:00pm – 4:30pm	Dance Camp Schenectady YMCA
	4:30pm – 6:00pm	Pick-up campers between 4:30-6pm at Schenectady YMCA
July 30	7:00am – 8:30am	Traditional Day Camp Activities at Schenectady YMCA
	8:30am	Dance Camp Field trip to SPAC Campers must be dropped off by no later than 8:15am
	9:30am – 1:00pm	On stage rehearsals at SPAC
	1:00 – 5:00pm	Additional rehearsals and activities at Saratoga Regional YMCA
	5:00pm – 7:00pm	Dinner and preparation for the performance at SPAC
	7:00pm	Performance on SPAC stage!
	8:00pm	Performance by professional dance company

## Contact Information:

If you have any questions regarding The Performance Project: Youth in Motion opportunity, please contact Vicki Feola, Senior Program Director at the Schenectady YMCA by calling 881-0117 x 4450, or [vfeola@cdymca.org](mailto:vfeola@cdymca.org)

# CAPITAL DISTRICT YMCA/THE PERFORMANCE PROJECT

## CAMPER REGISTRATION

Campers will build on their dance skills each day of the program. Campers must be able to attend all 11 days of The Performance Project in order to enroll. Open to boys & girls, ages 9-12. Spaces are limited.

### CHILD INFORMATION

Child's First Name: \_\_\_\_\_  
Child's Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_  
Gender M/F/Other: \_\_\_\_\_  
T-Shirt Size (Circle one): Youth S, Youth M, Youth L, Adult S, Adult M, Adult L

### PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
2nd Parent/Guardian Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### PICK-UP/EMERGENCY CONTACT AUTHORIZATION

I authorize the following people to pick up my child from YMCA Day Camp. I also authorize these people to be contacted in an emergency situation if I cannot be reached. All authorized persons need to be at least 16 years of age and be prepared to show PHOTO ID.

First Name/Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### MEDICAL INFORMATION

Does your child have allergies or dietary needs? If yes, please list.

\_\_\_\_\_

Does your child take medication? If yes, please list.

\_\_\_\_\_

Parents will be responsible in administering medication during the camp day. Discuss any other medical needs for your child by contacting Vicki at the Schenectady YMCA branch prior to the start of camp.

Please indicate if your child has a history of the following:

Anemia  Appendicitis  Asthma  Contact Lenses  Diabetes  Ear Infections  Fainting  Severe Headaches  
 Hay Fever  High Blood Pressure  Hyperkinesias  Seizures  Skin Problems  Swimmer's Ear  Tonsillitis  
Other \_\_\_\_\_

Does your child have an existing IEP?  YES  NO

Are there any activities that your child should not participate in for health reasons?  
\_\_\_\_\_

Are there any recent medical treatment/surgeries?  
\_\_\_\_\_

### **MEDICAL EMERGENCY & SUNSCREEN RELEASE**

I, being the parent/legal guardian of the above named minor, do hereby appoint YMCA staff to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization in my absence. In addition, I do here by grant said minor to carry and use sunscreen which I have supplied.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

### **PERMISSION TO TRANSPORT**

I, being the parent/legal guardian of the above named minor, do hereby give permission for my child to be transported by the Capital District YMCA via school bus to and from the Schenectady YMCA, Saratoga Regional YMCA, and/or the Saratoga Performing Arts Center (SPAC) for the purposes of The Performance Project and Summer Day Camp experience.

Signature of Mother/Father/Legal Guardian \_\_\_\_\_

### **PARTICIPATION EXPECTATION AND PERFORMANCE AGREEMENT**

I, being the parent/legal guardian of the above minor, understand that my child **must attend all eleven days** of The Performance Project in order to perform at the Celebration Performance at SPAC.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

### **FAMILY TICKET REQUEST**

For the July 30 "Youth in Motion" Performance @7:00pm AND the Main Event @8:00pm at SPAC.

A performance ticket is required for every family member who will be attending the Youth in Motion performance on July 30<sup>th</sup> at 7pm! Please include a ticket for your child who is performing in the program. They will need an assigned seat with your group for SPAC's Main Event performance.

Number of Tickets Requested (Include the child performing in this number): \_\_\_\_\_

All orders are final. Additional requests will not be guaranteed.

## PHOTO AND AUDIO/VIDEO RELEASE

For my child's participation in activities to be conducted by Capital District YMCA, I hereby give my permission and consent, now and for all time, to Capital District YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Capital District YMCA and The Performance Project through Saratoga Performing Arts Center, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. My child may, or may not be, identified in such reproductions; however, I or my child shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of my child and/or his or her narrative account of his/her experience at Capital District YMCA, I authorize, according to this Release, shall belong to Capital District YMCA, YMCA of the USA, Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of my child and/or his/her narrative account of his/her experience Capital District YMCA and The Performance Project;
- Any video film, footage, sound track recordings and photo reproductions of my child and/or my child's narrative account of his/her experience Capital District YMCA will not be subject to any obligation of confidentiality and may be shared with and used by Capital District YMCA, YMCA of the USA, Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA;
- Capital District YMCA, YMCA of the USA, Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of my child and/or my child's narrative account of his/her experience at Capital District YMCA and The Performance Project; and
- Capital District YMCA, YMCA of the USA, Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of my child and/or my child's narrative account of his/her experience at Capital District YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Capital District YMCA, YMCA of the USA, Saratoga Performing Arts Center, National Dance Institute, and third parties collaborating with Capital District YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of my child and/or my child's narrative account of his/her experience Capital District YMCA and The Performance Project as described herein.

By signing below I indicate that I am over the age of 18, and I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_