

IMPORTANT: A current LBX Dance Academy MEDICAL FORM signed by a physician and dated after 9/1/18 is required prior to participation. Please schedule Physicals as applicable in advance of the season.

WELCOME TO 2019 LBX OVERNIGHT DANCE CAMP

*With emphasis on safety and skill development within a fun, competitive environment, LBX Sports, INC. is excited to start its Inaugural season of The **LBX Dance Academy!***

IMPORTANT INFORMATION AND DATES FOR 2019

- Practices:** Practices start the week of June 15th, 2019 and will end on December 21st 2019 every Saturday from 3:00pm – 5:00pm at the Mary Mitchell Family & Youth Center located on 2007 Mapes Avenue. (Practice locations and times are subject to change.) ALL PRACTICES ARE **MANDATORY**. We will not guarantee that your child will be allowed to participate if they do not attend practices. All dancers must be properly prepared for dance, as safety is our number one priority.
- Dance Camp:** Dance Camp will be an overnight camp during the week of August 19th – 23rd for the participants of the Dance Academy. The camp will take place at Camp Pontiac. (More information on the camp on the following pages.) In order to develop and strengthen our dancers to the best of their ability we would like for all dancers participating in the program to attend. **CHAPERONES ARE NEEDED AND WELCOMED.**
- Showcases:** All Showcases will take place in NYC within the 5 boroughs and will be identified by the Dance Coach. We encourage our participants to do their best at all times and enter as many shows as we can. (This will bid well for their confidence) Parents will be notified in advance of a show and are required to provide their child with transportation to and from the event. We also ask that you help transport those who may need it.
- Fees:** Will cover the cost of the uniform(s) and entry fees to the showcases. *Financial Assistance available to those who apply. (Check off all that applies) – NO REFUND/NO TRANSFERS*

[] **DANCE CAMP** **\$375 Payment Plans Available**

Thank you for your interest in the LBX Dance Academy Program. If you have any questions, please e-mail Daquan Hawkins at dhawkins@lbxsports.org or dance@lbxsports.org.

2019 REGISTRATION FORM

Participant Information:

Last Name _____ First Name _____

Address _____ Home Phone: _____

City _____ State _____ Zip _____

Date of Birth _____ Age as of 12/31/19 (include months) _____

School (Fall 2019) _____ Grade (Fall 2019) _____

PARENT/GUARDIAN INFORMATION:

Parent or Guardian's Name _____

Address (if different from participants) _____

Primary Phone _____

Primary Email Address _____

Secondary Phone _____

Secondary Email Address _____

DONATIONS: LBX Sports is a 501c3, tax exempt, non-profit organization. All donations are 100% tax deductible. As a startup organization, finances may be difficult to obtain. We are looking for any additional support and resources that any of you may have or can offer. Thank you in advance from you generosity.

Mail to: **LBX Sports Inc. C/O Daquan Hawkins**
8 West 118th Street, 9G
New York, NY 10026

Amount Enclosed: _____

LBX (Leaders By eXample) **SPORTS, INC.**
PARENTAL CONSENT AND WAIVER OF LIABILITY
2019 Season

Child's Name: _____

Address: _____

Parent or Guardian's Name: _____

PLEASE READ THIS PARENTAL CONSENT AND WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.

A. Permission to Participate and for Medical Treatment

I/We, the undersigned, hereby give permission for our child, named above, to participate in dance activities in the LBX Dance Academy program for the 2019 season. I/We agree to abide by all the rules and regulations set forth by the team association and the Events we participate in. If any equipment issued to our child should be lost or damaged through our negligence or that of our child, I/we agree to pay to have it replaced. I/We understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, I/we agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through the team/ league becomes the primary coverage.

In the event of an injury, I/we hereby give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, i/we give permission for medical treatment to be administered as deemed necessary by the medical staff.

B. Waiver of Liability

I/We acknowledge that I am/we are fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I/we fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless LBX Sports, Inc., LBX Dance Academy, the Showcase events and the teams that compose the event and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE.

C. Injuries/Assumption of Risk:

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/we hereby specifically assume all risk of any injury occurring during the course of our child's participation in the Event.

D. Photo/ Video Release

I grant LBX Dance Academy the right to take photographs of my child during practices and/or games to be used for any lawful purpose, including for example such purposes as publicity, illustration, and web content.

Parent or Guardian's Signature: _____ Date: _____

Medical History/ Health Inventory

To be completed by parent or guardian:

Child's Name _____ Birth Date _____ Sex _____

Address: _____ Apt. _____ Zip _____

Home Phone _____ E-Mails _____

Parent or Guardian's Primary Phone _____

Parent or Guardian's Secondary Phone _____

Parent or Guardian's Name(s): _____

Emergency Contact: Name _____ Phone _____

Name _____ Phone _____

MEDICAL HISTORY – Please describe any accidents, operations or hospitalizations:

COMMUNICABLE DISEASES – Please check those which your child has contracted:

___ Chicken Pox ___ Measles ___ Mumps ___ Others _____

___ Whooping Cough ___ Rubella (German Measles)

CHRONIC CONDITIONS – Please check those which your child suffers from:

___ Allergy (Food) ___ Diabetes ___ Sickle Cell Diseases

___ Allergy (Drug) ___ Epilepsy ___ Others

___ Rashes ___ Heart Disease

___ Asthma ___ Rheumatic Fever

___ Convulsions ___ Breathing Difficulties

If you checked any of the above please give details:

Is your child taking any medications regularly? _____ If so, which one(s) _____

___ Frequent Colds ___ Vision Difficulties ___ Easily Angered

___ Frequent Sore Throats ___ Hearing Difficulties ___ Worries a lot

___ Frequent Ear Infections ___ Speech Difficulties ___ Tantrums

___ Running Ears/Earaches ___ Frequent Urination ___ Many Fears

___ Nosebleeds ___ Behavioral Concerns ___ Shyness

___ Toothaches ___ Sleeping Problems ___ Excitable

___ Pain in legs/joints ___ Eating Problems ___ Bed Wetting

I, _____, acknowledge that my child, _____, is medically cleared to participate in dance by his/her physician.

Signature: _____ **Date:** _____