



2012 Cougar Spirit Club Dance Camp

DATE: Saturday, Feb. 18

COST: \$20 per camper,
includes T-shirt if registered by Feb. 10

WHO: Kindergarten thru 8th grade

TIME: 8 a.m. - 10 a.m.

(snack will be provided in morning)

LOCATION: WNCC Cougar Palace
*Participants will dance at halftime of the
1 p.m. and 3 p.m. women's and men's
games with Northeast Nebraska
that same day.*



For more information:
contact Amy Winters
308-635-6195 or amy@wncc.edu

Mail registrations forms to
Western Nebraska C.C.
% Amy Winters
1601 E. 27th Street
Scottsbluff, NE 69361



2012 Cougar Spirit Club Dance Camp Application Form

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Email: _____
 Age: _____ Grade in Fall: _____
 School: _____

Parent's Name: _____
 Contact in case of emergency:
 Name: _____
 Phone: _____

Please note any medical problems: _____

Camp Registration Information

● Feb. 18 Spirit Club Dance Camp
 8 a.m. - 10 a.m. — \$20 Cost: _____

● Total amount enclosed _____

Youth T-shirt Size: S M L XL
 Adult T-shirt Size: S M L XL XXL

Mail To:
 WNCC *For more information, contact*
 % Amy Winters *Amy Winters*
 1601 E. 27th Street *WNCC: (308) 635-6195*
 Scottsbluff, NE 69361 *Email: amy@wncc.edu*

Camp Information

Camp Facilities — The camp will be held at WNCC's Cougar Palace

Enrollment — Individuals should complete the enclosed application with the waiver and release agreement and return it as soon as possible along with camp payment to reserve their space.

Camp T-shirt — Each camper will be given a camp T-shirt upon completed registration at check-in if pre-registered by Feb. 10.

Medical Insurance — All campers will be required to have a signed waiver and release agreement on file before participating. All participants should be covered by personal medical insurance.

Waiver and Release Agreement

Upon acceptance of this application, I hereby waive and release all rights and claims for damages I may have against Western Nebraska Community College and its employees on account of any injuries or illnesses sustained by my child while attending the camp(s). I authorize the director of the dance camp or his designee to select hospital facilities and/or physicians of his choice and authorize treatment on an emergency basis if such treatment becomes necessary as a result of participating in the WNCC Spirit Dance Camp. Pictures of the camp may be used in promotional materials for WNCC either in print or on the website.

Parent/Guardian Signature _____

Date _____

Policy Owner: _____

Insurance Company: _____

Policy Number: _____

Company Address: _____

No Pictures Please