



DANCE AMERICA PRESENTS

RAP IT UP 2018

SATURDAY OCT. 6TH

HIP HOP



TODD FLANAGAN



KIKI ELY



JEFFEREY LOUIZIA



SAKINAH LESTAGE



MARC "BIG CHOCOLATE"

MASTER CLASS

HIP HOP WORKSHOP
All ability levels offered! Come join us for the 14th annual RAP IT UP HIP HOP WORKSHOP. A full day of the most innovative, fun, exciting, hip hop instruction!

REGISTER at www.danceamericausa.com

JUAN DIEGO HIGH SCHOOL - 11800 S. 300 E. Draper, UT



RAP IT UP

JUAN DIEGO HIGH SCHOOL
300 E. 11800 S.
DRAPER, UT 84020



SATURDAY OCT. 6TH, 2018

School/Studio Name <input style="width: 95%;" type="text"/>	Is your studio attending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address REQUIRED <input style="width: 95%;" type="text"/>
Main Contact Name (Parent or Studio owner) <input style="width: 95%;" type="text"/>		Alt. Email <input style="width: 95%;" type="text"/>
Street Address <input style="width: 95%;" type="text"/>	FULL PAYMENT DUE BY SEPTEMBER 23rd, 2018 LATE REGISTRATION IS \$135.00 PER PERSON	Phone number () -
City, State, Zip <input style="width: 95%;" type="text"/>		Alt. Phone () -

PLEASE LIST ALL ATTENDEES BELOW, INCLUDING TEACHERS—COPY AND ATTACH ADDITIONAL PAGES IF NEEDED

FULL NAME	AGE	ABILITY LEVEL					LUNCH		AMOUNT
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO	YES	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
		TEACHER	BEG	INT	ADV	PRO	\$110	\$120	

SUB TOTAL

of Spectator passes _____ x \$25.00 =

Advance spectator passes can only be purchased by studio directors.
Parents, please purchase your spectator pass at the door.

Please make checks payable to: DANCE AMERICA

OR pay by credit card: VS/MC, AMEX, DSCVR

Bringing 10 attendees?
List free teacher #1 here: _____

Bringing 20 attendees?
List free teacher #2 here: _____

Bringing 30 attendees?
List free teacher #3 here: _____

Bringing 40 attendees?
List free teacher #4 here: _____

CARD #: _____

EXP DATE: ____/____

Signature: _____

TOTAL \$ ALL PAGES



RAP IT UP
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300 E. 11800 S.
DRAPER, UT 84020



SATURDAY OCT. 6TH, 2018

2018 Rap It Up Hip Hop Workshop **Information**

Price and Payment Info.

Payment deadline is **September 23rd, 2018**. Cost for each attendee is \$110.00 without lunch, or \$120.00 with lunch until deadline. Registration cost at the door and past deadline is \$135.00. Cash, cashier's check, or credit will be the only form of payment accepted after deadline and at the door! **NO PERSONAL CHECKS at the door.** We accept VISA, Mastercard, American Express, and Discover.

PLEASE SEND MAILED REGISTRATIONS AND PAYMENTS TO DANCE AMERICA—8314 S. Hill Haven Lane, Sandy, UT 84093. Or, they can be faxed to (801) 256-9639. Or emailed, to robyn@danceamericausa.com.

Teachers

One **teacher** may attend free with every 10 students, up to FOUR teachers per studio. Any teacher attending with less than 10 students must pay full price. All attendees, including teachers, MUST sign a liability waiver to participate in the workshop.

Spectator Passes

Parents can purchase spectator passes at the door. The cost is \$25.00. Please note: **WE WILL NOT BE ACCEPTING ANY PERSONAL CHECKS AT THE DOOR.** People with spectator passes will **only** be allowed to watch, **not participate**, in the classes. There will be no charge to attend the final showcase at 4:30pm. Spectators do not have to sign a liability waiver.

Lunch

For those that paid for lunch, a box lunch will be provided. There are many off-site restaurants within a minute's drive of the school should you choose to leave for lunch.

Attire

Wear hip hop clothing and/or dance clothing. Any soft-soled or rubber shoe is acceptable. No shoe that will mark, damage, or scuff the floor will be allowed.

Schedule and General Info.

Attendees need to arrive between 8:00am—8:30am to check-in and receive their wristbands. A group warm-up and instructor introduction will begin promptly at 8:40am in the main gym. Anyone without a wristband will not be allowed in the classroom areas past 8:45am! After the warm-up, classes will be broken out into different areas based on ability level.

There will be a lunch break from 11:45am—12:45pm. The final showcase is free for anyone to come watch and begins at 4:30pm in the main gym. (Parents: you will NOT be able to enter the gym until 4:30pm without a spectator pass.) There will be vendors of all kinds in the main entry area all day!

Liability Waiver

Each participant (including teachers) MUST have a liability waiver filled out and signed to participate in any Dance America event. Spectators do not have to sign a waiver. We have attached a liability waiver to the registration packet. Please make additional copies as needed.

Refunds

There will be absolutely no refunds of any kind after September 8th, 2016. Participants unable to attend due to injury will receive a full credit toward any Dance America event in 2018, or music from Fusion Sound.



Dance America Liability Form

WAIVER OF LIABILITY/MEDICAL/PUBLICITY RELEASE FORM

I hereby waive and absolve Dance America, Inc., and all division thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation/attendance in competitions, camps, workshops, and related activity by myself/my child, whose name is

Please print full name of attendee/participant

Age as of event date

In consideration of my signed release allowing my child/myself to participate in a Dance America activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against Dance America, the camp/clinic directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective Dance America event site. In the event of injury/accident/sickness, Dance America officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any Dance America activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of Dance America activities, and for publicity surrounding participation in Dance America events.

Signature of self, or parent/guardian if under 18

Phone Number (include area code)

Home Address

City, State, Zip Code

Date

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt #: (____) _____

Doctor's Name: _____

Doctor's Phone: _____

Insurance Company: _____

Policy # (REQUIRED): _____

In the event of injury or sickness requiring immediate treatment, by signing above, I request that every effort be made to contact me directly. If I cannot be reached, I authorize Dance America Personnel to make appropriate arrangements for treatment.

Signed liability form is REQUIRED to participate in any Dance America activity.