



# RAP IT UP

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



**SATURDAY OCT. 10TH, 2020**

School/Studio Name	Is your studio attending?	Email Address REQUIRED
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Main Contact Name (Parent or Studio owner)		Alt. Email
<input type="text"/>		<input type="text"/>
Street Address	<b>FULL PAYMENT DUE BY SEPTEMBER 26th, 2020 LATE REGISTRATION IS \$135.00 PER PERSON</b>	Phone number
<input type="text"/>		(    )    -
City, State, Zip		Alt. Phone
<input type="text"/>		(    )    -

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

FULL NAME	AGE	ABILITY LEVEL					LUNCH		AMOUNT
		TEACHER	BEG	INT	ADV	PRO	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**



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## **2020 Rap It Up Hip Hop Workshop Information**

### **SAFETY**

*Everyone's safety is extremely important to us. In accordance with Juan Diego High School and the Catholic Diocese regulations, we will have strict protocol in place for both dancers and teachers, but also spectators. Masks MUST be worn when entering and exiting classrooms, and in the hallways of the school. We won't require dancers to wear a mask during class, but must maintain a 6 foot distance any time a mask is taken off. Juan Diego High School and Skaggs Catholic center are very meticulous when it comes to cleanliness and safety. They are requiring us to follow strict guidelines in order to use their facility and we ask that everyone follow those guidelines. We will have sanitation stations set up in each classroom and common area. Anyone experiencing any symptoms of sickness should not attend. If the school and Diocese change any protocol or regulation regarding safety at any time before the event date, we'll keep you informed.*

### ***Price and Payment Info.***

Payment deadline is **September 26th, 2020**. 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 so t-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***

Full refunds will be offered IF this event has to be canceled due to COVID-19. Otherwise, refunds will not be available after Oct. 3rd if related to any other circumstance. Participants unable to attend due to injury will receive a full credit toward any Dance America event in 2021, 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

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

**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.