

June 13-17, 2011

Camp Foster-Okoboji, IA

New for 2011

Lake Okoboji Dance Camp

Dance

- Jazz
- Ballet
- Hip-Hop/
Funk
- Lyrical
- Modern

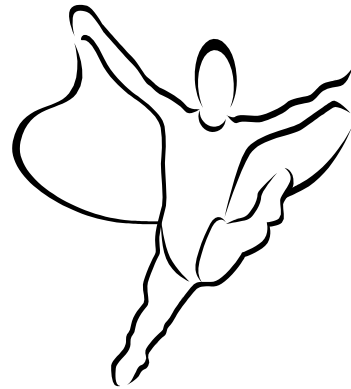
Classes are offered to all ability levels. Optional specialty classes include: musical theater, yoga, stage makeup, nutrition, fitness and more...

Welcome to Lake Okoboji Dance Camp

As a camper at Lake Okoboji Dance Camp, you are our special guest. Our mission is to offer you high-quality instruction in a wholesome, positive and fun atmosphere. You can expect to receive personal attention in all of our areas of instruction, recreation, and camp life. You will enjoy the opportunities in a dance atmosphere where you can make lots of friends with other dancers and dance instructors while enjoying many fun activities provided at this lake resort.

The host resort of Lake Okoboji Dance Camp is the beautiful "Camp Foster-YMCA" located on the lake front of Okoboji East. Driving distance is approximately two hours from Mankato, 3 hours from Minneapolis and 3 hours from Des Moines.

DANCE



Eligibility

Any girls and boys ages 8–17 are welcomed to attend. Our camp provides instruction for all levels. Individual dancers are encouraged to attend and meet new friends while at camp. Teams and groups are also welcome.

Safety

Safety is the highest priority at Lake Okoboji Dance Camp! Although our staff takes great measures to ensure a safe dancing environment, there is always risk of injury. The risk of injury includes muscle soreness, bruises and other minor injuries. More serious injuries include broken bones and muscle pulls. If such injuries occur, "Camp Foster-YMCA" has a full time staff all trained in first aid.

Our Staff...

The camp director for Lake Okoboji Dance Camp is Mitzi Roberts (Owner/Director: Dance Express Mankato, MN)

A carefully selected group of women comprise our staff of profes-

sional educators, coaches and instructors. Our outstanding staff at Lake Okoboji Dance Camp offers you a complete week of dance and team building experiences. Our

camp counselors provide 24 hour supervision with a 1 to 5 (1 to 6 older campers) ratio.

Inside this brochure...

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A TYPICAL DAY AT LAKE OKOBOJI DANCE CAMP

| Today's | |
|------------------|-------------|
| Wake Up | 7:30 |
| Breakfast | 8:00-9:00 |
| Warm-up/Stretch | 9:00-9:30 |
| Class #1 | 9:30-10:45 |
| Class #2 | 10:45-12:00 |
| Lunch | 12:00-1:00 |
| Guest Instructor | 1:00-2:15 |
| Class #3 | 2:15-3:30 |

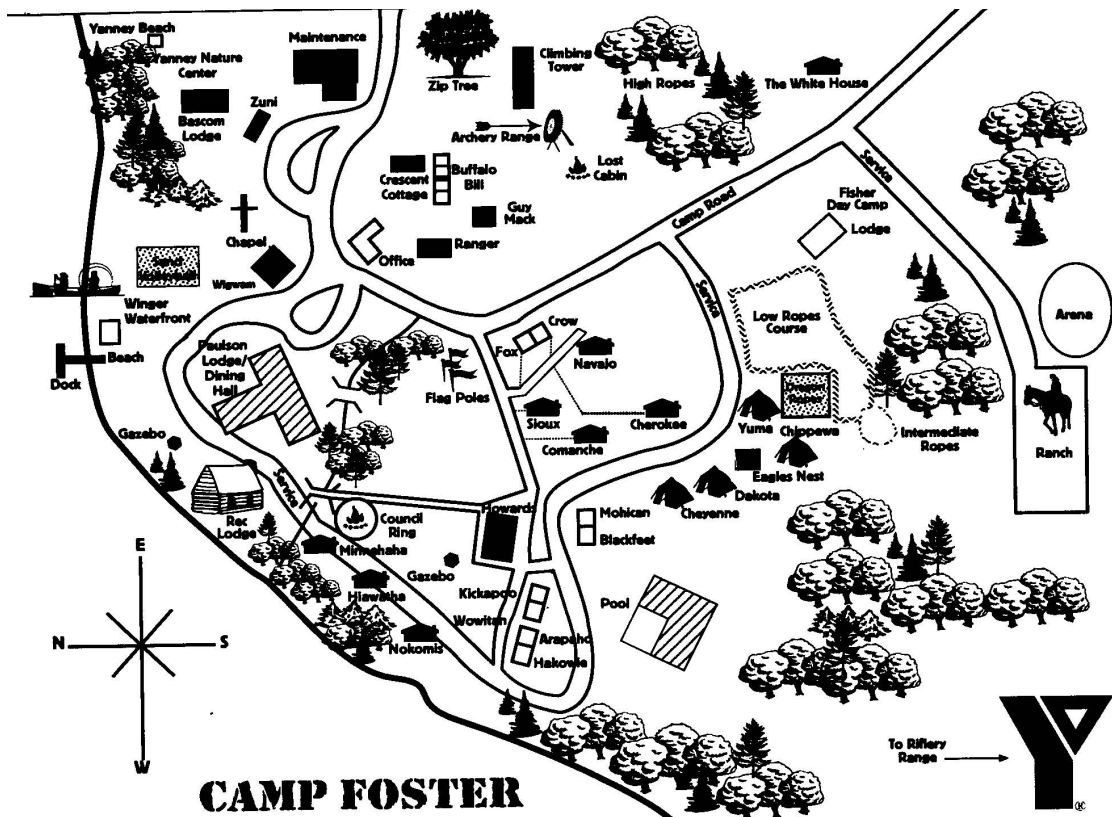
| Schedule | |
|-------------------------------|-------------|
| Recreational Activities | 3:30-5:00 |
| Dinner | 5:00-6:00 |
| Optional elective classes | 6:00-8:00 |
| Group game | 8:00-9:00 |
| Leadership (group discussion) | 9:00-9:30 |
| All to cabins | 9:30-10:00 |
| Lights out | 10:30-11:00 |

MEALS AT CAMP

Camp Foster's dining hall provides three nutritious meals per day. All meals are included in camp fee.

FREE TIME FUN AT LAKE OKOBOJI

Recreation is provided for all Lake Okoboji Campers and is included in their camp fee. Any camper can choose from a list of exciting activities to fill each day with fun. Bring a friend and go swimming, horseback riding, canoeing or except the challenges of the high ropes obstacle course. One evening activity includes an outing to the amusement park located nearby. All programs are supervised and structured to offer safety and encouragement to every camper.



2011 LAKE OKOBOJI DANCE CAMP

Camp Fee.....\$325.00

Camp fee includes all training, housing, recreation and 3 meals per day.

A deposit of \$125 must accompany application form. Applications will be accepted on a first come/first serve basis.

Session Fee minus Deposit=Balance due. (\$200)

Balance of Fee Due May 1, 2011

*The session begins 1:00 p.m. Monday, June 13th and ends 12:00 p.m. Friday, June 17th.

*Early enrollment assures availability.

*The deposit must accompany each camper application.

*Campers must be covered by their own medical insurance.

PAYMENT POLICY

*Make checks payable to L.O.D.C.

*Before May 1, 2011 personal checks will be accepted as payment for camp fees. Deposit is due with the application form. The remainder of your **balance is due on or before May 1, 2011.**

*After May 1, 2011 applications will still be accepted (providing space is available) but must be submitted with total session fee in the form of a money order, certified check or travelers check (do not sent cash).

*Please note that all fees should be paid in U.S. currency, money order, travelers check (or personal check before May 1, 2011) drawn upon U.S. bank. There is a service charge of \$20.00 on each returned check.

REFUND POLICY

*Any time before April 15, 2011, upon written notice of cancellation, deposits for the current year, less \$25.00 processing charge is refundable.

*After April 15, 2011 all deposits are non-refundable.

*Cancellations within 7 days of session, or failure to appear at check-in will result in loss of all fees paid.

*Fees are not transferable.

List a friend who would like a Lake Okoboji Dance Camp brochure.

Full Name _____

Street address _____

City _____ State _____ Zip _____

2011 Lake Okoboji Camper Application

2105 N. Broad Ct. Mankato, MN 56001

Telephone: 507-625-3865

Camper's Name: _____
(Last name) (First Name)

Street Address: _____

City _____ St _____ Zip _____

Studio or Team if you are involved in dance:

Street address: _____

City _____ St _____ Zip _____

Father's name: _____

Mother's name: _____

Desired roommates (use full name, correct spelling is a must)

1) _____

2) _____

Home phone number _____ - _____ - _____

Work phone number _____ - _____ - _____

Birth date _____ age while at camp _____

How did you hear about Lake Okoboji Dance Camp?

___ Kickin' It ___ Your Instructor ___ A friend

Enclosed is my registration fee of \$ _____ (\$125 min.)

My signature authorized the staff at Lake Okoboji Dance Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Camp from any and all liability for any injuries or illnesses incurred while at the Camp. I understand that participation in dance and camp activities involves motion rotation and jumps in a unique environment as such carries with it the risk of injury. The Camp in not responsible for personal items that are lost, stolen or damaged. All campers must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the camper or the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program, as outlined in the camp brochure, which I have read. I also understand the Camp retains the right to use any photographs, video tapes or any other record of this event for publicity, advertising, for any legitimate purpose

Signature _____ (Date) _____

(Parent/Guardian Signature)

(Date)



MEDICAL HISTORY

To be completed by parent or guardian and signed.

IF CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN TWO WEEKS PRIOR TO THEIR STAY, PLEASE DO NOT SEND THEM TO CAMP.

Any operations, illnesses, or injuries during the past school year:

No Yes _____

Other injuries or limitations _____

Date of last DPT or DT booster. _____

Any allergic reactions to the following:

Bee Sting Penicillin Hay Fever

Poison ivy, oak, sumac Other _____

What treatment is required for allergy? _____

Does the child has any of the following problems:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Troubles | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhea | |

Please check the substances camp can administer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Bacitracin | <input type="checkbox"/> Cough Medicine | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Throat Spray | <input type="checkbox"/> Imodium D | <input type="checkbox"/> Caladryl |
| <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Cold Tablets |
| <input type="checkbox"/> Swimmer's Ear | | |

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff of the Dickenson County Memorial Hospital that includes diagnostic procedures and medical treatment as necessary to my minor daughter, while my daughter is enrolled in Lake Okoboji Dance Camp, said medical treatment to be given to my daughter without any further prior permission from the undersigned.

Child's Full Name _____

I understand that the consent and authorization herein granted does not include major surgical procedures.

I understand that I will be contacted as soon as possible in the event that my child is brought to the Hospital/Medical Center for treatment.

My Family's Physician is Dr. _____

Address _____

Phone Number _____

Name of Insurance Co. _____

Address _____

Policy # _____

Signature _____

(Parent/Guardian Signature)

Signature _____

(Witness Signature)

If I am not available please contact:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ - _____ - _____



Transportation Services

Bus service is available between Lake Okoboji Dance camp and Dance Express of Mankato, MN.

Round Trip Fee.....\$50.00

One Way Fee.....\$35.00

(campers will need to bring a bag lunch)

In order to help us in scheduling make your reservations by **April 15, 2011**. However, reservations will be accepted until the bus is full. Confirmation will be sent with your receipt along with departure and arrival times.

For those campers providing their own transportation a map and directions will be sent along with your confirmation and receipt.

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____ Yes! Sign me up for the bus transportation to Lake Okoboji Dance Camp. I am enclosing my fee of \$_____

Campers name _____

Round Trip..... _____

One Way (from Mankato to Lake Okoboji Camp)..... _____

One Way (from Lake Okoboji Camp to Mankato)..... _____

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