

Waukee Dance Team Fall Clinic

Jazz technique sessions, choreography, pom experience, performance opportunities, and hip hop tricks! Kindergarten - 5th graders are welcome!

Date:	Saturday, September 7
Time:	8:00-11:00 AM
Location:	South Middle School
Clinic Details:	Registration begins at 7:45 AM. Dancers will be separated by grade to learn technique & choreography targeted at their grade level. Snacks, juice, and games will be incorporated! Parents please return at 10:45 AM for a Parent Preview in the <u>South Middle School Gym</u> . Cost: \$30.00
Performance Date:	Thursday, September 12. Please arrive at 5:00 PM.
Performance Information:	Dancers arrive to the football field at 5:00 PM and will be escorted into the game. Wear clinic t-shirt, bow, and comfortable shoes!

To reserve your spot please fill out the information below and return with payment no later than **August 25, 2019 at 10:00 PM**. You may also reserve your clinic spot through RevTrack (an additional \$1.00 fee will apply). Waukee High School: Waukee Dance Team Attention Megan Schaefer 555 SE University Avenue Waukee, Iowa 50263

 Child's Name: _____ Child's Grade: _____

Shirt Size (circle): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large
 _____: X here if you would like to order an exclusive Waukee Dance Team bow! This bow is an additional \$10.00!

Parent Name:

Email Address:

Phone Number:

Emergency Contact Name & Number:

 I agree to allow my child to participate in the Waukee Dance Team Clinic and Performance. I hereby authorize the organizers of this event to act for me accordingly, in their best judgment in case of any emergency requiring attention. I assume all risks associated with my child's participation in these events and hereby indemnify the Waukee Dance Team organizers, dancers, parents, volunteers, coaches, team members and the Waukee School District against any and all liability, damages, or causes of action against any and all claims, liabilities, costs and expenses including reasonable attorney fees, arising out of my child's participation in this event including without limitation any personal injuries or illnesses or aggravation to pre-existing injuries which he/she may incur as a result of my child's participation.

Guardian's Signature: _____ Date: _____

