



De Pere Dance Team Kids Clinic

September 27, 2019 4:30 – 7:30pm (approx.)

De Pere High School

Calling all Kindergarten through 8th grade students who love to dance! Spend the afternoon with our Varsity Dance Team learning a halftime routine and then perform it at the football game! Each age group will have an age appropriate portion of the dance, as well as a section that utilizes all dancers.

Registration:

Fee - \$35 per dancer (\$5 discount for families with multiple participants)

NEW Registration deadline – September 20, 2019

Included: t-shirt, pizza dinner (or bring a sack lunch)

New this year – purchase a set of “real” poms for \$10 that you get to keep! (optional)

Check in 4:15 – 4:30pm in the High School commons

Football game begins at 7:00pm – halftime will be approximately at 7:30pm

Pick up your child in the tennis courts after the conclusion of the halftime show. Please make sure to check out your child with their Dance Team helper.

Contact deperevarsitydanceteam@gmail.com with any questions!

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Mail completed registration form with payment (payable to DePere High School) to

Beth Kennerhed (parent volunteer) at 3133 E River Dr, Green Bay, WI 54301.

New alternative payment option – Venmo! Download the Venmo app from your app store. Search **DePere-Dance** to make a payment. All payments must be received by 9/13

	Name	Grade	shirt size (circle one)	Dinner	Poms (\$10)
Participant 1	_____	_____	ys ym yl as am al	y n	y n
Participant 2	_____	_____	ys ym yl as am al	y n	y n
Participant 3	_____	_____	ys ym yl as am al	y n	y n

Emergency contact name: _____ phone: _____

Parent email: _____

Any medical or other concerns we need to be aware of? _____

I _____ do hereby acknowledge that _____ is presently under my care and that I possess the authority to grant permission and authorization state herein. The participant(s) have no conditions which would prohibit or restrict his/her participation in the DePere Dance Kids Clinic. I authorize any representative of the DePere Dance Program to locate qualified and licensed medical personnel and/or transport my child to an appropriate medical facility in the event that it may become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses related to such treatment. I also understand that the DePere Dance Team is not responsible for any lost or stolen items during the clinic.

Signature _____ Date _____