



Mini Stingerette Fall Dance Clinic

Friday, October 12, 2018

Kemp vs. Eastace (Pink Out Game) Kemp High School Stadium



Students ages 4-14 are invited to spend a fun filled evening with the Stingerettes!

Schedule of Activities:

Saturday, October 6th

8:30am Registration and check in

9-1:30pm Dance Clinic at KESC, Stingerette Gym– Learn spirit lines, stand routines & half time routine

Student should wear modest attire conducive for stretching and dancing, which includes non-marking tennis shoes or jazz shoes, and hair in a ponytail for practice. Please no jewelry or gum, which could be a safety hazard.

Wednesday, October 10th

4-5:00pm Practice at KESC, Stingerette Gym

Friday, October 12th

6:15pm Review performance routine at KHS Cafeteria & walk over to the football field

7–8:30pm Pre-Game Spirit Lines, Stand Routines, & Half-Time Performance

8:30pm Dismissal of Participants in the bleachers of KHS Football Stadium during 3rd Quarter

What To Wear October 12th

Mini Stingerette T-Shirt, black leggings/yoga pants, tennis shoes, & hair in a high ponytail.

Clinic Price- \$25

Kemp ISD employee &/OR additional students in same family- \$20

Includes dance instruction, performance T-shirt, and game performance.

If you have any questions, please feel free to email at tyla.thomas@kempisd.org

REGISTRATION FORM (Postmarked by 9/24/18)

Note: We cannot guarantee t-shirts for registrations after September 24th. Late Registration Fee: \$35

Contact information: tyla.thomas@kempisd.org or Phone: 903-498-1343

Stingerette Director: Erica Wilcox (ewilcox@wisd.org)

(Please use a separate form for each child. Payment may be combined simply attach multiple forms to one check.)

MAIL FORM AND PAYMENT TO: Student's Registration Fee: _____ \$25 or _____ \$20
(\$20 Kemp ISD &/or additional students)

ATTN: Tyla Thomas
Kemp High School
220 ST HWY 274
Kemp, TX 75143

Check TOTAL \$ _____ Payable to: Kemp Stingerettes

OR Drop off envelope at KHS front office, Attn: Tyla Thomas (Please include TX Driver's License Number & DOB on check.)

Student Name: _____ (Female / Male) Age: _____

Parent's Name _____

Parent's Email _____ (please write neatly)

Address _____ Parent's Phone: _____

T-shirt Size (circle one): Child Sm Child Med Child Lg Adult Sm Adult Med Adult Large Adult XI

Medical Conditions: _____ Known Allergies: _____

Emergency Contact: _____ Phone: _____

Person(s) with consent to pick up participant: _____

Release Information:

I do hereby give representatives of the Stingerettes permission to seek medical help for my child in the event of an emergency. I further understand that the Stingerettes, Kemp ISD, and its representatives assume no liability should an emergency occur. I also give permission for all photos and videos of my child obtained by the Stingerettes be used in any and all media pertaining to the Stingerettes, and exclusively for the purpose of promoting the Stingerettes. I further consent that my child's first name and identity may be revealed therein or by descriptive text.

Parent's Signature: _____ Date: _____



Make memories that will last a lifetime!

