



# DePere Dance Team Kids Clinic

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

De Pere High School

Calling all Kindergarten through 8<sup>th</sup> 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)

**Registration deadline – September 13, 2019**

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

**New this year** – pre-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](mailto:deperevarsitydanceteam@gmail.com) with any questions!

-----cut here and return bottom-----

**Mail completed registration form with payment (payable to De Pere Dance Team Booster Club) 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 De Pere Dance Kids Clinic. I authorize any representative of the De Pere 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 De Pere Dance Team is not responsible for any lost or stolen items during the clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_