

North Scott Dance Team Kid's Clinic & Performance! February 1, 2019

The North Scott Dance Team is excited to provide the North Scott Community with their annual Kid's Clinic once again this year! All kids who register for this event will receive a T-Shirt, learn a dance choreographed by the dance team & perform it for the community!

This year, the clinic & performance will all be on the SAME DAY!

Registration Forms Due January 14th

Who: All North Scott Community Students from Kindergarten through 8th grade are welcome to attend. Different sections will be taught based on age.

What: A dance clinic that encourages physical activity, exposes children to the world of dance, and provides a fun environment for kids to let out all of their energy!

Cost is \$35 and this includes your clinic T-Shirt!

When & Where:

Friday, February 1, 2019 in the North Scott High School Cafeteria!

Registration – 4:30 PM – 5:00 PM - Sign in & pick up clinic T-Shirts

Clinic – 5:00 PM 7:00 PM - Dancers learn their routine

Performance is in between the JV & Varsity Basketball Game in the PIT
(Performance time will be approximately 7:15 PM)

This fundraising event helps the North Scott Dance Team with numerous expenses we encounter throughout the year. We will be attending a summer dance camp, have guest choreographers, and add additional uniforms & accessories throughout the year that this money will go towards.

Thank you for your support!

Please contact Coach Lindsey Ambrose with any questions or concerns.
lindseyboock@gmail.com

North Scott Dance Team

DANCE CLINIC REGISTRATION FORM

Please fill out and submit with payment by **January 14, 2019** to Kathi Washam at North Scott High School Athletic Office OR by **January 11, 2019** to your elementary or junior high school secretary.

Registration fee is \$35 per participant.

YOU WILL NOT RECEIVE A T-SHIRT IF YOUR FORM IS RECEIVED LATE!

PLEASE MAKE CHECKS PAYABLE TO North Scott Athletic Boosters (NSAB).

CLINIC & PERFORMANCE WILL BE HELD ON THE SAME DAY: FEBRUARY 1, 2019

Participant Name: _____

School: _____ Grade (Circle): K-2 3-6 7-8

Parent/Guardian Name(s): _____ Phone: _____

Email: _____

(Note: We will contact you via email if any changes arise due to weather, etc.)

T-Shirt Size (Circle):

CHILD- XS S M L XL ADULT – S M L XL

Important medical information or specific health concerns:

MEDICAL WAIVER

We/I the parent(s)/guardian of the above student understand that the participation in any North Scott Sports Camp could result in injury of temporary or permanent type to my/our child. We/I give consent for coaches, trainers, and team physicians to use their own judgment in securing medical aid and ambulance service in case the parent/guardian cannot be reached. We/I also verify that my child is covered by health and accident insurance.

PARENT/GUARDIAN: _____

DATE: _____