



WHS Chey-Anne's Dance Clinic 2012

Love to dance and perform?

Come have fun and see what Drill Team is all about!

When: Saturday, February 18th, 2011, 8:30 am - 12:30pm

Where: Williams High School Gym, drop off @ Warrior Center, 18th St. Entrance

Who: Ages Kindergarten through 5th grade (divided by grades for dances)

Cost: \$30.00 per child pre-registered by February 10th

(Fee will be \$35 if received after this date or at the door. Cash only at the door.)

To ensure correct t-shirt size: pre-register.

Price includes: Clinic T-Shirt, Snack & Bottled Water, Learn 1 Pop Dance, Learn Chey Anne Dance/Kick Technique, Performance opportunity at the end of the Clinic!!

Schedule:

8:30 - 9:00 Registration

9:00 - 9:15 Warm up and divide into groups

9:15 - 10:15 Learn Dance

10:15 - 10:30 Break/Snack

10:30 - Noon Learn Dance/Kicks

Noon - 12:30 Perform for parents (cameras welcome) and Certificate Presentation



Please wear shorts/t-shirt, tennis shoes or dance shoes. No jewelry please. Bring a water bottle!

Any Questions? Email jenniferbarnaby@verizon.net or call 972-633-0460.



Please fill out bottom portion of this form and release form and mail along with check or money order to the address listed below.

Participant Name: _____ Grade: _____ School _____

T-Shirt Size (**circle one**) YS YM YL AS AM AL AXL

Parent Name: _____ Phone Number: _____

Address: _____ City _____ Zip _____

Parents Email: _____

Allergies/Medication: _____

Referring Chey Anne: (not required for attendance) _____

Payment Method: Cash: _____ Money Order: _____ Check#: _____

Checks should be made payable to: PISD, Williams High School.

Mail to: Chey Anne Dance Clinic, c/o Jennifer Barnaby, 4704 Boulder Drive, Parker, TX 75002

Plano Independent School District

Release of Liability for Participation in WHS Chey-Anne Drill Team Clinic

Carefully read this release. It includes a release of claims against Plano Independent School District and its employees, agents and volunteers, (cumulatively the "District") including a release of claims caused by the negligence or strict products liability of the District. In consideration of my or my child's participation in the WHS Chey-Anne Drill Team Clinic (the "Program"), on behalf of myself and, if applicable, my child, I release and agree to defend, indemnify, and hold harmless the District for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, my participation in the Program. This release is to be construed as broadly as possible. It includes a release of claims against the District for their, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), resulting from, relating to, or arising out of participation, directly or indirectly, as an active participant or as a spectator, or in any other capacity.

I understand the products, services and facilities are made available to me on an "as-is" basis. I acknowledge the District makes no warranties, implied or express, relating to the services, facilities and products, including but not limited to those regarding: merchantability; fitness for a particular purpose; performance in a good and workmanlike manner; or otherwise.

I understand the Program involves serious health risks and a danger of accidents, including the possibility of death. Knowing this I assume any risks. I authorize the District, volunteers, instructors, District employees, agents and/or representatives, as my Agents, to consent to Medical, Surgical, and/or Dental examination, and to any and all other Treatments deemed necessary by medical personnel.

I agree pictures taken during program hours may be used for future promotional purposes. I understand the District might not provide health and/or accident insurance for participants.

The District reserves the right to discontinue a participant's program at any time for any reason. I have read the information in full, and to the best of my ability understand the information above. I warrant by my signature my authority to sign this release. I agree to indemnify and defend the District against claims I am not authorized to legally bind the individual named herein to this agreement.

Participant _____ Date _____

Parent or Guardian _____ Date _____