



WHS DANCE TEAM is



CALLING ALL Prospective DANCERS...

BECOME A JR. MEMBER OF THE WHS DANCE TEAM!

The WHS Dance Team will be holding a dance clinic for dancers in grades kindergarten through Grade 6. If you ever wanted to perform at a halftime show at Weymouth High School and work personally with the WHS Dance Team, then this is for YOU!

We will be holding **2 separate clinics** for different age groups. **Group One** will be for kids in grades **K through 3** and will be held from 9:00-11:00 a.m. **Group Two** will be for kids in grades **4 through 6** and will be held from 12:00-2:00 p.m.

Space is limited.

So, Sign up TODAY!

- **Clinic Location:** Weymouth High School – Maroon Cafeteria (near tennis courts)
- **Clinic Date:** Saturday, January 28, 2017
- **Clinic Times:** **Group ONE – grades K through 3 – 9:00 to 11:00 a.m.** _____
Group Two – grades 4 through 6 – 12:00 to 2:00 p.m. _____

Please indicate above which age group your child will be participating in.

HALFTIME SHOW for the Wildcat Varsity Boys Basketball Fans!

Performance Date: Friday, February 3, 2017 @ 6:30 p.m. – Dancers should be at Maroon Cafe by 5:00 p.m.

Your participant fee of \$30.00 includes:

- 3 hours of clinic instruction with the WHS Dance Team – (2hrs. day of clinic, 1 hr. day of performance)
- A Jr. Member game-day performance t-shirt* (please indicate size below)
- The opportunity to perform with the WHS Dance Team during halftime

To register, complete the form below and mail with your payment to: WHS Dance Team Boosters, 50 Elva Road North Weymouth, MA 02191 **no later than January 20, 2017**. For more information, call Jen (781)789-3168 or email any questions to: whs.danceteam@yahoo.com The form and payment may also be given to any Dance Team Member.

Name: _____ Age: _____ Sex: (M/F) _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email address: _____

Emergency Contact: _____ Cell Phone: _____

REQUESTED DANCE TEAM MEMBER (optional) _____

*T-shirt size: YS YM YL AS AM AL (circle one)

Method of Payment: Check _____ (payable to **WHS Dance Team Boosters**) or CASH _____ (please do not mail cash).

Fee is non-refundable

WHS Jr. Dance Clinic Participant Information: I/we hereby release the Weymouth High School Dance Team, the dance coach, The Weymouth High School and any sponsors or individuals associated with this event from responsibility for any injuries or damages of any kind, which may occur as a result of my participation in this event. I hereby certify that I am in good physical condition and am able to participate in this event. I here grant permission for the free use of my photography in any broadcast or account of this event.

Parent/Legal Guardian Signature: _____ Date: _____

Print name: _____

***** Remember to bring a snack and plenty of water/sport drink*****