



CROWN POINT DANCE TEAM CLINIC REGISTRATION FORM



ATTENTION -- ALL GRADES K-6TH

CLINIC TO BE HELD: Wednesday, Sept. 14th and Thursday, Sept. 15th from 5:30-7:00 pm in the Crown Point High School Fieldhouse at 1500 S. Main Street.
Please wear clothing you can be active in!

PERFORMANCE: At PRE-GAME of the CPHS Varsity Football game, FRIDAY, SEPTEMBER 16th - report to the field house at 6:00 pm

UNIFORM: Your dance clinic t-shirt, black shorts or sweats
(for performance) white socks, white tennis shoes, hair away from face

COST: \$45.00--includes three hours of instruction, performance t-shirt, and performance

*****Additional items such as bows, headbands, and buttons to match your dancers uniform will also be available for purchase during the camp.**

CHECKS SHOULD BE MADE PAYABLE TO: CP DANCE TEAM

Return this form with payment to:
Crown Point High School—Attn: Dance Team Coaches
1500 S. Main St.--Crown Point, IN 46307

MUST BE RECEIVED NO LATER THAN FRIDAY, AUGUST 19th
(EMAIL COACH HOFFMAN AT CHOFFMAN@CPS.K12.IN.US WITH ANY QUESTIONS)

DANCER'S NAME _____

GRADE _____ AGE _____ SCHOOL _____

YOUR PHONE NUMBER _____ EMAIL _____

PLEASE CIRCLE YOUR DANCER'S T-SHIRT SIZE
youth S M L **adult** S M L XL

Release and Waiver of Liability, Indemnity Agreement and Health Statement (Please Read Carefully Before Signing)

In consideration of enrollment in the dance clinic I hereby release from all liability the Crown Point Community School Corporation, its agents and employees and the clinic, its directors and instructors. For any and all claims, demands, losses, or damages on account of any injury of the participants or damage to property, arising out of or relating to participation in the program caused or alleged to be caused by the sole negligence or the concurrent negligence of Crown Point Community School Corporation, its agents or employees or the sole negligence or concurrent negligence of the clinic including its directors or instructors. I hereby represent that my son/daughter to be in good health and I know of no reason he/she cannot participate in the dance clinic.

Printed Parent/Guardian Name

SIGNATURE

Date

LATE REGISTRATIONS CANNOT BE ACCEPTED DUE TO T-SHIRT ORDERING
THIS FORM MUST BE RECEIVED BY FRIDAY, AUGUST 19th