NHS Poms & Dance Clinic Winter 2026

Check-in begins at 8:30am
Performance and Awards show for parents starts at 2:30

Sat. Jan. 24th 9am-3pm

Learn what it takes to be on the NHS Dance Team

the Patriot Poms!

All girls in grades 3-8 are invited to participate. Instruction will be provided by the members of the NHS Dance Team *the Patriot Poms* and coaches. Participants will be divided in groups based on age and ability for instruction.

Participants will have the opportunity to perform at the Friday, February 13th Varsity Girls Basketball game with the current NHS Patriot Poms.

Go to **https://forms.gle/2XXBfwiwsyfQ3R5f9** to register online.

Fill out the attached medical release for each participant. Send it with a check payable to: Northern High School Attn: Poms, 2950 Chaneyville Rd, Owings, MD 20736.

Early registration must be received by January 9th ($45). Late and walk-in registration will be accepted (cost $55).

Email nhspoms1@gmail.com if you have any questions.

Wear dance appropriate clothing and sneakers

Eat breakfast beforehand

Bring a lunch and plenty of water

Early Registration by January 9th

$45

Any registration received after January 9th

$55

GAME DAY 2/13

T-shirts distributed at the Game

Please wear plain white tennis shoes, white socks, and NAVY shorts.

Participants need to arrive at 5:00pm

Medical Release Form

Northern High School Dance Clinic
with the NHS Patriot Poms
Saturday January 24, 2026, from 9-3pm
Check-in will begin at 8:30 am

Be sure you register online first.

Then mail this medical release with a check payable to
Northern High School
Attn: Poms
2950 Chaneyville Rd
Owings, MD 20736

Register by 1/9 for the early registration price $45.
(Anything received after 1/9 is $55 registration)

Liability Waiver (Must be signed by parent/guardian)

I, the undersigned participant, on behalf of myself, my heirs, legates, assigns, and my estate, hereby agree to indemnify, save and hold harmless Calvert County Public Schools and Northern High School and any of their agents, representatives, employees or assigns, my health, safety, or injury and or disability arising out of the result of participation in this event. In the event of an injury and a parent/guardian cannot be reached, I give authorization to obtain medical care. I also authorize any photographs taken of participant to be used in any promotional material by Northern High School.

Participant's Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Cell Phone: _____

Medical concerns:

_____

_____

_____