***Chetek-Weyerhaeuser High School Junior Pom Clinic***

The CWHS Dance Team is holding a clinic on **Friday February 2, 2018,** at the High School. This is a fundraiser for the dance team.

Participants will learn a short routine that they will perform during halftime of the Varsity Boys’ Basketball game that evening. They will perform two times, facing each direction in the gym.

**Details:** Dance Clinic: February 2, from 5pm until halftime of the Varsity game (approx. 8pm)

**Game Time**: 7:15pm in High School Gym

Dress in comfortable and appropriate clothing (ie: shorts or leggings, tshirt, socks and tennis shoes)

**Pick up:** Participants will meet parents outside of the gym after performance. You will then go back to the cafeteria to pick up your child’s belongings. Please be prompt when picking up your child. It is not our responsibility to watch your child after performance.

**Cost:** $25 (Includes dinner- hotdog, chips, cookie, drink and a tshirt) payment is by cash or if by check please make out to **CWHS.**

**Payment due:** Money is ***DUE NO LATER THAN* Friday, January 19, 2018 *NO EXCEPTIONS.*** If you sign up after this date, you may participate but there may not be extra shirts. There will be no refunds. TURN MONEY AND PERMISSION SLIP IN TO THE ELEMENTARY SCHOOL OFFICE.

***Please keep top portion for your records and return bottom portion to school along with your payment.***

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***Phone number where you can be reached during clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\***

T-shirt size: Youth Small\_\_\_\_ Youth Med\_\_\_\_ Youth Large \_\_\_\_ Adult Small\_\_\_\_ Adult Med\_\_\_ Adult Large\_\_\_\_

**\*\*Please list any medical conditions/food allergies we need to be aware of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the CWHS dance clinic at CWHS HS on February 2, 2018. I will not hold CWHS School District, coaches or anyone affiliated with the dance team for any injuries that may occur.

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Parent Signature Date