



Calling All Dancers!

**FOOTHILL KNIGHTS
DANCE TEAM**

summer clinic

Open to Grades Kinder - 8th

Registration \$175 Before May 14th
(\$200 after May 14th)

Price includes T-Shirt & Tote
Poms Additional \$15

**Taught by:
Foothill
Knights
Dance Team
& Coach
Marrissa**

FHSDanceteam.com
Questions: email
FHS DanceKnights@gmail.com

June 11 - 14, 2019
9:00am - 2:00pm Tuesday-Friday
Final Performance 1:00pm Friday, June 14th

FHS Dance & Pom Clinic Registration

Tuesday June 11th – June 14th, 2019

9:00 am to 2:00 pm

Foothill High School

19251 Dodge Ave., Santa Ana, CA 92705

Registration/Check-In: 8:30 am Tuesday, June 11th

Final Performance: 1:00 pm Friday, June 14th at FHS

(Parents, Grandparents, Friends & Family Welcome)

Please make your non-refundable payment of \$175.00 (\$200.00 after May 14th) to FHS DANCE BOOSTERS and return it with your completed Registration Form and Medical Information*** to:

FHS Dance Boosters
C/O 10652 Villa del Cerro
Santa Ana, CA 92705

Student: _____ T-Shirt size: YXS YS YM YL AS

Parent: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade in Fall 2019: _____

Email: _____

Dancers: please bring your own lunch or see below to order a pizza meal.
Additional snack bar items available for cash only purchase.

Pizza Lunch (\$5.00/day for 2 slices & drink) Please indicate Cheese or Pepperoni

	Tues	Wed	Thurs	Fri
	Ch/Pep	Ch/Pep	Ch/Pep	Ch/Pep

Registration Fee: \$175 (before May 14th) _____

Registration Fee: \$200 (after May 14th) _____

Returning Dancer: \$10 Discount _____

Sibling: \$20 Discount for 2nd Dancer _____

Poms: \$15 (required for clinic) _____

Lunch: \$5/day # of Days _____

Total: _____

_____ Yes, I give permission for my daughter to be photographed.

_____ No, I do not give permission for my daughter to be photographed.

*The Tustin Unified School District neither endorses, sponsors, or recommends the organization/activity represented.
Flyers are provided as a community service.*

MEDICAL TREATMENT INFORMATION

It is required that this information be on file at the camp in case of an emergency. No participation will be allowed if the Medical Treatment Information is not provided.

Name: _____ Birthdate: ____/____/____

Mother's Name: _____

Day Phone: _____ Cell Phone: _____

Father's Name: _____

Day Phone: _____ Cell Phone: _____

Relative or friend to contact in case of an emergency (other than parent or guardian):

Name: _____ Relationship: _____

Day Phone: _____

Health Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Has participant had any serious illness or surgery? Yes / No

If yes, describe nature and date: _____

Does participant have any medical problems which may interfere with camp activities? Yes / No

If yes, give brief explanation: _____

ASSUMPTION OF RISK

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the Tustin Unified School District (District), its officers, agents and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in the activity.

AUTHORIZATION TO TREAT A MINOR

I (We) the undersigned parent(s)/legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any emergency general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent or Guardian: _____ Date: _____

Student's Signature: _____ Date: _____

*****Note: Please complete a separate Registration & Medical Form for each Dancer.**