



**Attention Boys & Girls K-8th Grade
COME DANCE WITH US!**



**Mt. View Lightning Boosters Dance Clinic
Saturday, January 26, 2019**

**11:30am – 3:00pm at Shahala Middle School (601 SE 192nd Ave.)
Check-in begins at 11:00. ~ Please bring snack & water bottle!**

You will stretch, drill down, leap, kick, and dance with the award-winning Mt. View High School Lightning Dance Team!
A dance routine will be taught to each student. We have a fun-filled day planned **with you in mind!**
Bring a friend. Walk-ins welcome. Cash and checks accepted at the door. www.gothunderdance.com

- \$25 Includes:**
- T-shirt*
 - Dancing with the Lightning Dance Team
 - Showcase Performance at 2:30
 - Perform at the Mt. View Competition on Feb. 9!

Dance Clinic Schedule:
Check-in 11:00 a.m.
Clinic 11:30 – 2:30 p.m.
Parent Showcase 2:30-3:00 p.m.

**Registrations postmarked on or before 1/19 are guaranteed a shirt on the day of the clinic; if postmarked 1/20 – 1/24 shirts are not guaranteed, but there will be extras at the clinic. Slots fill up quickly so mail registrations no later than 1/23 to the address listed below.*

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MVHS Lightning Boosters Dance Clinic Registration

Student Name: _____ **School:** _____ **Grade:** _____
First Last

Has student attended prior Lightning Dance Clinic? **Yes/No** T-Shirt Size **YS / YM / YL (youth)**
S / M / L / XL (adult)

Please email questions to registrar,
Julie Williams at
JulesWilliams@comcast.net

Parent Name: _____ **Email:** _____
First Last

Address: _____ **Phone:** _____
Street Address City State Zip During Dance Clinic

Emergency Alternate Contact: _____ **Phone:** _____
Insurance Co.: _____ **Policy #:** _____ **Allergies, medications, special needs or other information about my child of which staff should be aware:** _____

WAIVER: I confirm that I am the parent/legal guardian of the above listed child and he/she has my permission to participate in the Mt. View High School Lightning Dance Clinic. I hereby authorize the directors of the Lightning Dance Clinic to act for me according to their best judgment to any emergency requiring medical attention for my child. I hereby waive and release the Evergreen School District and Lightning Dance Clinic directors and coaches from any liability. I understand that I am responsible for any and all medical expenses in connection with his/her attendance and participation in the Lightning Dance Clinic. I know of no mental or physical problems that might affect my child's ability to participate in this clinic. I give my permission for my child to be photographed and for such photographs to be released for publicity purposes. I understand that no refunds will be given and that I am responsible for my own admission into any game or competition.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

Mail form & check for \$25 made payable to "MVTA Dance" to: **Lightning Dance Team Clinic**
c/o Julie Williams, 18110 SE 20th Way, Vancouver, WA 98683