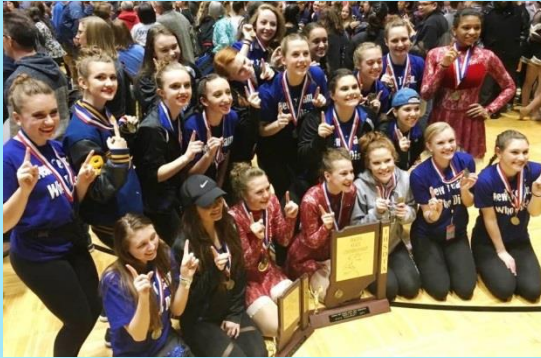


Greenfield Central High School Blue Fusion Dance Team

# Dance Clinic – Grades K – 6

Hosted by: **Back to Back State Champ Blue Fusion Dancers**

- WHEN:** Saturday, October 28, 2017
- TIME:** 8:45 – Registration; 9:30AM – Start; 2:30PM Performance for Parents
- WHERE:** Greenfield Central Junior High School
- COST:** \$25 (non-refundable)
- INCLUDES:** Cool T-Shirt, Lunch\*



## 2017 – 2018 GCHS Blue Fusion Dance Team

- Clinic will be led by members of the Indiana State Champion GCHS Blue Fusion Dance Team with coach supervision!
- Learn proper motions and technique to a hip dance routine!
- Fun time with others who like or want to learn dance!
- Chance to meet new people and make new friends!

~ Performance by dance clinic participants for parents will begin at 2:30PM ~

(tear off registration/return with payment)

**\*\*\*COMPLETE BOTH SIDES\*\*\***

### REGISTRATION

Complete both sides of form and return to: GCHS Dance, ATTN: Brittany Nigh-Taing, 810 North Broadway St., Greenfield, IN 46140. Include your registration fee of \$25. Checks should be payable to: *GCHS Dance Team*, with memo to: *Dance Clinic*. **DUE DATE: October 06<sup>th</sup> 2017.**

Name of Dancer: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address (for reminders): \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Shirt Size: **YOUTH** : S M L –or– **ADULT**: S M L XL (*circle one*)

\* Lunch will be: Hot Dog, Chips & a Bottled Water. If your child will be bringing his/her own lunch due to allergies, please check here:  **PLEASE NOTE:** refrigeration not available.

**\*\*\*COMPLETE BOTH SIDES\*\*\***

Greenfield Central High School Blue Fusion Dance Team

# Dance Clinic – Grades K – 6

Hosted by: **2016-2017 State Champ Blue Fusion Dancers**

Saturday, October 28, 2017

Thank you for allowing us this time with your child(ren)!!

(tear off registration/return with payment)

**\*\*\*COMPLETE BOTH SIDES\*\*\***

I will not hold Greenfield-Central Community School Corporation or the Greenfield Central High School Blue Fusion Dance Team liable for any injuries occurring at the Blue Fusion Dance Clinic on October 28, 2017. I hereby give my consent for my child to participate in the Greenfield Central High School Blue Fusion Dance Team Clinic. I also give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Indiana physician should their condition require it in my absence.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please List Any Medical Information Which You Feel Should Be Known: \_\_\_\_\_

**\*\*\*COMPLETE BOTH SIDES\*\*\***