

NATIONAL UDA CHAMPIONS 2020
PETERS TOWNSHIP DANCE TEAM
Presents
DANCE WITH THE CHAMPIONS DANCE CLINIC

WHERE: Peters Township High School **DATE:** Friday, March 20

TIME: Sign In 5:30 Dance Clinic 6-8:30 Performance 8:30

WHO: We welcome boys and girls grades K-12. (Special instruction for grades 8-11 for those who are interested in trying out for the Peters Township Dance Team)

WHAT TO BRING: Labeled water bottle, wear comfortable clothing & tennis shoes. We recommend pulling back long hair in ponytail or braids.

Basket Raffle & Purse Raffle Tickets: You will have the opportunity to win incredible baskets! \$1 for one ticket, \$5 for ten tickets. We will also have tickets for our purse raffle available for purchase - drawing March 24 - live on Instagram

REGISTRATION INCLUDES: T-Shirt, Snack and Water *Walk-ins are welcome although T-shirts are not guaranteed if your dancer is not pre-registered. NOTE FOR ALLERGIES - snack includes - water, oranges, pretzels and Eat and Park Cookies

• **COST:** \$30 if Pre-Register by March 13. \$35 at the door \$5 Discount for each dancer from same household

** Please note: No Refunds after March 13** **Checks payable to: PTHS DANCE**

BOOSTERS Mail to: Colleen Marshall 147 Pleasantview Dr. McMurray, PA 15317

Questions: email Cmarshall101@verizon.net

REGISTRATION AND WAIVER OF LIABILITY/MEDICAL RELEASE FORM (cut and mail) I/We release and absolve the Peters Township School District, The Peters Township Dance Boosters, Coaches, and Dancers of any and ALL liability and responsibility for injuries, sickness, accidents, and/or property damage incurred during participation in the Peters Township High School Dance Clinic. I waive, release and forever discharge any and ALL rights and claims for damages, which I may accrue against the Peters Township School District, the PT Dance Boosters, Coaches, and Dancers for any and ALL damages, which may be sustained or suffered by my child in connection with participation of the PTHS Dance Clinic. In the event of injury, accident, or sickness, I/We authorize treatment to my/our child by a physician and/or hospital.

Child's Name _____ Current School/Grade _____

Address: _____ Male or Female (circle) _____

T-Shirt Size: YS YM YL AS AM AL AXL (circle)

Guardian Signature: _____ Date: _____ Guardian

Email: _____

Phone #: _____

IN CASE OF EMERGENCY – CONTACT

Name: _____ Relation: _____

Doctor's Name: _____ Dr. Phone# _____

_____ Insurance Co. and Policy#:

This group is sharing the attached information through the Peters Township School District. The event or program is not initiated or supervised by the district.

