



PARKLAND HIGH SCHOOL DANCE TEAM  
CORDIALLY INVITES ALL STUDENTS KINDERGARTEN through GRADE 8  
TO ATTEND THE  
**2012 JUNIOR DANCE CLINIC**

**WHEN: SATURDAY, JANUARY 28, 2012**

- FROM 1:00 TO 4:00 P.M. IN THE PHS GYM.

THREE HOURS OF TRAINING WITH THE PARKLAND HIGH SCHOOL DANCE TEAM  
LEARN A ROUTINE THAT WILL BE PERFORMED DURING HALF-TIME AT A PARKLAND  
JV BASKETBALL GAME ON FRIDAY, FEBRUARY 3, 2012

**COST: REGISTER FOR BOTH CLINICS FOR ONE GREAT PRICE – ONLY \$35.00**

This fee includes three hours of dance instruction, healthy snacks and each girl will receive an official  
PHS Junior Dance Team shirt that will be worn for the half-time performance February 3, 2012

**REGISTRATION DEADLINE:** FRIDAY, JANUARY, 20, 2012

**PRE-REGISTRATION IS REQUIRED** – MAIL COMPLETED REGISTRATION FORM, ALONG WITH  
MEDICAL INFORMATION AND WAIVER TO:

LISA BOSTICK, 2175 PATOKA DRIVE, COPLAY, PA 10807

MAKE CHECKS PAYABLE TO: **PHS DANCE TEAM BOOSTERS**

(FEES ARE NON-REFUNDABLE)

QUESTIONS? CONTACT: LISA AT [LBOSTICK1964@YAHOO.COM](mailto:LBOSTICK1964@YAHOO.COM) OR (610) 554-1166

Please share this invitation with friends. The clinic is open to all students Kindergarten through 8th grade.

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NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS  
\_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

E-MAIL ADDRESS\* \_\_\_\_\_ **\*IS REQUIRED FOR REGISTRATION CONFIRMATION**

JANUARY 28<sup>TH</sup> (\$35.00) \_\_\_\_\_

SHIRT SIZE (CIRCLE ONE)      YOUTH S M L      ADULT S M

# PARKLAND HIGH SCHOOL DANCE Team

## Medical Information and Waiver

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- Parents must complete this form
- Please Complete and Return at check-in on the day of the clinic
- Participants in the Junior Dance Camp who do not turn in fully completed forms will not be allowed to participate. (no refunds)

\_\_\_\_\_  
Dancer's Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relation

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Policy Number

I hereby waive the Parkland High School Dance Team and its duly authorized agents, servants, or staff of all responsibility in the event of any type of injury, health condition, or physical problem that my son/daughter may already have or receive as a participant in Parkland High School Dance Team Junior Clinic or performance. Please note: injuries can be severe in nature, including but not limited to broken bones, torn ligaments, paralysis, and death.

I certify that my son/daughter has no health or physical defect which will hamper his/her ability to perform in the Parkland High School Dance Team Junior Clinic or performance which might be unsafe to his/her health.

My son/daughter is covered by adequate health insurance to cover any cost of any accident and/or injury that might occur to him/her during the Parkland high School Dance Team Junior Clinic or performance. Any costs not covered by insurance will be my personal responsibility.

I give consent for my child to receive emergency medical care and/or be transported by ambulance or other conveyance to a doctor or hospital for attention and treatment.

I have read and understand all the aforementioned I give my son/daughter my permission to participate in the Parkland High School Dance Team Junior Camp.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

M E D I C A L W A I V E R