

Fall Dance Clinic

Girls and Boys Grades K-8

followed by

"Friday Night Lights" Performance



*Dance with 2019 New England Champions
Braintree High Dance Team*

5PM FRIDAY, SEPTEMBER 20th

to approximately 7:30PM (after first quarter)

Learn dances and technique at the clinic. Perform with the dance team at the Varsity Football Game (starts at 7PM). Pizza, water and team t-shirt included. Dancers should wear sneakers and black pants. Register at the door beginning at 4:30PM or pre-register at wampsdancebooster@gmail.com

Checks payable to BHS Dance Team Booster or Venmo: @BHSDanceBooster.

Drop-off: BHS Cafeteria **Pick-Up:** BHS Cafeteria after first quarter **Cost: \$30****

**Includes NEW dance team t-shirt!

Contact <mailto:wampsdancebooster@gmail.com> for more info.

Visit our Facebook page: Braintree High School Dance Team & Friends of BHS Dance Team

Follow us on Instagram: BHSDanceteam1

Please fill out permission form on the reverse and bring to the Clinic.

Parental Consent – Release from Liability:

I give permission for my son/daughter _____ to participate in The Dance Team dance clinic at Braintree High School.

Furthermore, I understand that it is my responsibility as a parent/guardian to notify The Dance Team Coach if my child has a medical condition and to discuss treatment options. I understand that my child's participation in the clinic is voluntary and that my child and I are free to choose not to participate. By signing this form, I affirm with full knowledge, to release the Town of Braintree, Braintree Public Schools, the School Committee and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in these voluntary athletic programs of the Braintree Public Schools from any and all claims, rights of action and causes of action that may have arisen in the past or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Braintree Public Schools voluntary Dance Team Clinic.

Signature of Parent/Guardian _____ Date _____

Contact Information:

Parent Name _____

Student Name _____

Parent Email Address _____

Parent Telephone Number _____

Allergies/Epi-pen _____

T-Shirt Size- S M L

Name of person picking child up _____ Cell # _____