

2016 WWHS Basketball Pom and Dance Clinic Release Form

Please return this completed form with your registration
Participant must have a signed release form on file to participate in Clinic.
Clinic begins at 4:30pm on Thursday February 11th

I _____ (Parent/Guardian name) allow _____ (son/daughter) to participate in the 2016 Pom and Dance Team Clinic. I hereby acknowledge that Waukesha West High School, the Waukesha West High School Pom and Dance team, and any volunteer personnel are not responsible for any injuries that occur during the clinics and performance.

**Participants must be checked in/checked out of clinic by a parent/guardian.
Participants are to be picked up at 6pm on Thursday and 6:30pm on Friday.
Please remember participants are to be supervised by a parent/guardian at the basketball game prior to and after performing.**

All fees must be turned in on or before January 29th to guarantee a t-shirt for the clinic and performance. The clinic participants will perform with the dance team at halftime of the Waukesha West Boys Basketball game Friday, February 12th. Start time of the game is 7:30pm. T-shirts and poms will be given to all pre-registered participants. A pizza dinner including milk and a cookie will be provided to ALL paid participants from 6-6:30pm on Friday Feb. 12th. Please make alternate meal plans if you wish not to participate in the pizza dinner with the dance team. If we experience inclement weather and the basketball game is cancelled, the \$25 is non-refundable.

Please List EMERGENCY CONTACT:

Name: _____

Relation: _____

Phone Number: _(reachable during clinic) _____

Please List ALLERGIES and MEDICATION:

Allergy (s): _____

Medication: _____

Please sign below if you have read, and agreed to all the information above.

Participant signature _____

Parent signature _____

Parent Email _____

**Thank you for supporting the Waukesha West Pom and Dance Team
at one of the two annually held Pom and Dance Clinics.
We hope to see you for years to come!**