

The Pius X Thunderettes Present...



KIDS DANCE CLINIC 2017



Come join the Thunderettes for dancing and fun!

Who: Girls age 3 through 8th Grade

When: Saturday, December 9th,
8:30am-12:00pm

Where: Pius X High School
Commons

*Please bring water bottle and wear
tennis shoes

*Snack will be provided

*Join us back in the evening on the
day of the clinic for the basketball
game at 5:45pm as the dancers will
perform at halftime of that game

*Please register by December 2nd
deadline to ensure a dance clinic t-
shirt

*Registering after the deadline can
not guarantee a t-shirt

Please mail completed forms to:
Pius X High School
Attn: Thunderettes
6000 A Street
Lincoln, NE 68510

Questions?
Contact Sarah Hodge
pshodge4@gmail.com

2017 Pius X Thunderettes Kid's Dance Clinic – Saturday, December 9th

8:30am – 12:00pm

PARTICIPANT REGISTRATION AND RELEASE

Pre-registration Deadline: 12/2/17

Name (1): _____

FIRST CHILD

\$40

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Age: _____ T-shirt size: **circle one**

Youth: S M L

Adult: S M L

Name (2): _____

SECOND CHILD

\$30

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Age: _____ T-shirt size: **circle one**

Youth: S M L

Adult: S M L

Name (3): _____

THIRD CHILD

\$30

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Age: _____ T-shirt size: **circle one**

Youth: S M L

Adult: S M L

Total:

Check:	Cash:

Address: _____ Zip: _____

Please list any allergies, medications or medical conditions:

Parent/Emergency Contact Information:

Name: _____	(BEST WAY TO REACH YOU) Phone #: _____
Email: _____	

PARENT'S RELEASE AND INDEMNITY AGREEMENT AND MEDICAL PERMISSION

I hereby release Pius X High School and their coaching staff, all their employees and agents from all claims on account of any injuries which may be sustained by my daughter(s): _____, _____, and _____ while attending the 2017 Pius X Thunderettes Kid's Clinic and for any claim which may hereafter be presented by my minor daughter as a result of such injuries. I hereby certify that she (they) is (are) physically fit to the best of my knowledge to participate in the 2017 Pius X Thunderettes Kid's Clinic. I know of no physical impairment that would in any manner limit her (their) participation in this clinic. In case of injury or accident, I allow clinic personnel to seek medical treatment.

Parent/Guardian Signature

Date