

# Greenfield Central High School Blue Fusion Dance Team

## Dance Clinic – Grades K – 6

Hosted by Blue Fusion Dancers

**WHEN:** Saturday, November 21, 2015

**TIME:** 8:45 – Registration; 9:30AM – Start; 2:30PM Performance for Parents

**WHERE:** Greenfield Central Junior High School

**COST:** \$25 (non-refundable)

**INCLUDES:** Cool T-Shirt, Lunch\*



**2015 – 2016 GCHS Blue Fusion Dance Team**

Clinic will be led by members of the GCHS Blue Fusion Dance Team with coach supervision!

Learn proper motions and technique to a hip dance routine!

Fun time with others who like or want to learn dance!

Chance to meet new people and make new friends!

**~ Performance by dance clinic participants for parents will begin at 2:30PM ~**

(tear off registration/return with payment)

**\*\*\*COMPLETE BOTH SIDES\*\*\***

### REGISTRATION

Complete both sides of form and return to: GCHS Dance, ATTN: Brittany Nigh, 810 North Broadway St., Greenfield, IN 46140. Include your registration fee of \$25. Checks should be written to *GCHS Dance Team* with memo to Dance Clinic. **DUE DATE: November**

**9, 2014** Dancer:

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address (for reminders): \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Shirt Size: **YOUTH** : S M L –or– **ADULT**: S M L XL (*circle one*)

\* Lunch will be: Hot Dog, Chips & a Bottled Water. If your child will be bringing his/her own lunch due to allergies, please check here: ☐ **PLEASE NOTE:** refrigeration not available.

**\*\*\*COMPLETE BOTH SIDES\*\*\***

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Thank you for allowing us this time with your  
child(ren)!!

(tear off registration/return with payment)



**\*\*\*COMPLETE BOTH SIDES\*\*\***



I will not hold Greenfield-Central Community School Corporation or the Greenfield Central High School Blue Fusion Dance Team liable for any injuries occurring at the Blue Fusion Dance Clinic on November 21, 2015. I hereby give my consent for my child to participate in the Greenfield Central High School Blue Fusion Dance Team Clinic. I also give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Indiana physician should their condition require it in my absence.

Parent or Guardian Signature:    Date:

Family Doctor: Phone: \_\_\_\_\_

Medical Insurance: \_Policy#:

Please List Any Medical Information Which You Feel Should Be Known:



**\*\*\*COMPLETE BOTH SIDES\*\*\***

