

# MADISON DOLLIE DANCE CLINIC 2009

DATE: **SATURDAY, NOVEMBER 7, 2009**

TIME: 9:00AM-1:30PM (REGISTRATION BEGINS AT 8:00AM)

PLACE: MADISON HIGH SCHOOL CAFETERIA

COST: \$15.00

AGES: KINDER-12<sup>TH</sup> GRADE

WHAT TO WEAR: COMFORTABLE SHOES AND CLOTHES YOU CAN DANCE IN

NAME: \_\_\_\_\_ SCHOOL & GRADE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

\*PARENT SHOW-OFF STARTS AT 1:00PM IN CAFETERIA.

\*KINDER & 1<sup>ST</sup> GRADE MUST BRING A SACK LUNCH (WITH NAME ON IT)

\*2<sup>ND</sup> GRADE-12<sup>TH</sup> GRADE ARE ABLE TO BUY LUNCH:

NACHOS	\$1.50	HOT DOG	\$1.50	SODA	\$1.00
JUICE	\$0.50	CHIPS	\$0.50	POPCORN	\$0.50
PICKLES	\$0.50	SWEETS	\$0.50		

\*PHOTO BUTTON WITH FAVORITE DOLLIE \$4.00

\*DOLLIE CLINIC T-SHIRT \$12.00

I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED WHILE PARTICIPATING AND THAT NORMAL PRECAUTIONS WILL BE TAKEN IN THEIR INTEREST, FOR SAFETY. I AGREE TO RELEASE NEISD, ITS EMPLOYEES, AND SPONSORS, FROM ALL LEGAL LIABILITY DURING AND RESULTING FROM THIS CLINIC. IN CASE OF AN EMERGENCY, I GIVE MY APPROVAL AND AUTHORIZATION FOR FIRST-AID AND ANY MEDICAL TREATMENT BY LOCAL PHYSICIANS AND/OR HOSPITALS. I AGREE TO PAY AN AMBULANCE BILL IF NEEDED. I AGREE TO ACCEPT RESPONSIBILITY FOR PAYMENT INCURRED DURING ANY AND ALL MEDICAL TREATMENT.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\*CHECKS MADE TO **MADISON**, CASH, OR MONEY ORDER ARE ACCEPTED

\*PRE-REGISTRATION NOT OFFERED. PLEASE BRING REGISTRATION FORM THE MORNING OF THE CLINIC.

THANK YOU,

SHELLY JONES

DOLLIE DIRECTOR 637-4400 X 279

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