

MADISON DOLLIE DANCE CLINIC 2010

DATE: SATURDAY, SEPTEMBER 11, 2010
TIME: 9:00AM-1:30 (REGISTRATION BEGINS AT 8:00AM)
PLACE: MADISON HIGH SCHOOL GYM
COST: \$15.00
AGES: KINDER-12TH GRADE
WHAT TO WEAR: COMFORTABLE SHOES AND CLOTHES YOU CAN DANCE IN

NAME: _____ SCHOOL & GRADE: _____
PARENT NAME: _____ EMERGENCY NUMBER: _____
ADDRESS: _____ CITY, STATE: _____

***PARENT SHOW-OFF STARTS AT 1:00PM IN THE GYM- SNACKS & SPIRIT ITEMS WILL BE FOR SALE**

***KINDER & 1ST GRADE MUST BRING A SACK LUNCH (WITH NAME ON IT)**

***2ND GRADE-12TH GRADE ARE ABLE TO BUY LUNCH:**

LUNCH MEAL DEAL: NOBLE ROMAN'S PIZZA, FRUIT AND DRINK \$3.00					
CHIPS	\$0.50	PICKLES	\$0.50	JUICE	\$0.50
SWEETS	\$0.50	POPCORN	\$0.50	SODA/WATER	\$1.00

***PHOTO BUTTON WITH FAVORITE DOLLIE \$4.00**

***DOLLIE CLINIC T-SHIRT \$10.00**

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 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

***PRE-REGISTRATION IS NOT OFFERED. PLEASE BRING REGISTRATION FORM THE MORNING OF THE CLINIC. TABLES WILL BE SET UP IN THE GYM BY GRADE LEVEL.**

THANK YOU,
SHELLY FLYNN
MADISON DOLLIE DIRECTOR 637-4400 X 279
SFLYNN1@NEISD.NET

SPECIAL THANKS TO:

