

# Pulaski Dance Team Football Halftime Dance Clinic

The Pulaski Dance Team would like to welcome all K-8th grade students to join in the 2019 Dance Clinic! Participants will engage in basic dance technique and learn a dance routine to be performed during halftime at the varsity football game!

<b>When</b>	Friday, September 20, 2019
<b>Where</b>	Pulaski High School Cafeteria 1040 S. St. Augustine St Pulaski, WI 54162
<b>Who</b>	Students Kindergarten-8th grades from <u>ANY</u> school district
<b>Cost</b>	<b>\$30.00</b> includes: <b>GRAY T-shirt (New this year! Required for all participants.)</b> Dinner Learn a dance routine Fun games Entry into football game
<b>Agenda</b>	4:30-4:45 Registration, warm up, stretching, technique 4:45-6:00 Learn dance routine 6:00-6:30 Dinner (pizza, chips, beverage, dessert) 6:30-7:00 Practice routine/games 7:00-7:15 Pictures/get ready for performance
<b>Pick-up</b>	After halftime in the Pulaski High School cafeteria. Dancers and participants will stay together until halftime.



## Additional Information

- **To guarantee a T-shirt, you must pre-register by Tuesday, September 3.**
- Dress comfortably- athletic shoes & **BLACK** yoga or legging type bottoms preferred.
- Walk-in registration is welcome, however T-shirt availability will not be guaranteed. Walk-in registration fee is \$30. Refunds will not be issued due to illness, etc.
- Please specify food allergies on the registration form. Sorry- we are not able to accommodate specific food requests, if specific food is desired, please plan accordingly and send a meal with your child.
- After halftime, parents/guardians must sign your child out at the Registration table in the cafeteria.
- Spectators will need to pay for entry into the game.
- If the game is canceled due to weather, unfortunately, it cannot be rescheduled. Sorry, no refunds will be issued.
- Must have a minimum of 15 participants to run the clinic- we will contact you by September 13 and all money will be refunded. If you do not hear from us - WE WILL BE DANCING!!

## Questions?

Head Coach Hanna Hedsand - [hjhedsand@pulaskischools.org](mailto:hjhedsand@pulaskischools.org)  
Assistant Coach Jennifer Erickson - [ericksonj198@gmail.com](mailto:ericksonj198@gmail.com)

# Dance Team Clinic Registration Form

(To guarantee a T-shirt, you must pre-register by Tuesday, September 3)

Please Print

Participant First Name	Last Name	Age	Grade								
Parent/Guardian Name		Phone Number									
Emergency Contact Number		Email									
<p>T-Shirt Size (Circle One)</p> <table style="width: 100%; text-align: center;"> <tr> <td>Youth S</td> <td>Youth M</td> <td>Youth L</td> <td>Youth XL</td> </tr> <tr> <td>Adult S</td> <td>Adult M</td> <td>Adult L</td> <td></td> </tr> </table>				Youth S	Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	
Youth S	Youth M	Youth L	Youth XL								
Adult S	Adult M	Adult L									
Food Allergens:											
Other Allergies or Health Concerns:											

- **Checks made payable to: Pulaski Dance Team**
- **Send registration forms and payments to:**  
 Pulaski High School Office  
 Attn: Pulaski Dance Team Clinic  
 1040 St. Augustine St  
 Pulaski, WI 54162



*Release and Hold Harmless Agreement:* As a parent or legal guardian of the dance participant named above, I authorize my child to participate in the Pulaski Dance Team Dance Clinic on Friday, September 20, 2019. Any illness or injuries resulting from participation in the clinic are my responsibility. Participation in the clinic is voluntary. Safety of participants will be a first priority during the clinic. Pulaski High School faculty, staff, volunteers, students, advisors, and the instructors shall not be responsible for treatment of defects, illness, or injuries that occur during the participation or that become apparent after the individual had completed the clinic. Photographs taken at the event may be used for marketing purposes online and for future event registration. I hereby certify that I have read and understood the statement concerning Pulaski High School and participant responsibility and authorize my child to participate in the clinic on Friday, September 20, 2019.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Only:

Cash       Check: # \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_