



**Taft Highstepper Dance Clinic**

Who: Grades PreK-High School

**\*\*All participants are invited to perform halftime with the Highstepper Dance Team at the football game!\*\***

When: Saturday, September 10, 2016

Where: Taft HS Cafeteria/Gym

Time: 8:00AM-12:00PM

Cost: \$25.00 (includes t-shirt, snack, and participant game ticket)

\*All groups will learn fun dances from the **4 TIME NATIONAL CHAMPION HIGHSTEPPER DANCE TEAM!**

\*To pre-register mail your **payment** and the **bottom portion** of this form **by August 31st** to:

**Taft Highstepper Dance Team**

**Attn: Mrs. Alma Lopez**

**11600 Culebra**

**San Antonio, TX 78253**

Or drop off at Taft- label envelope (Mrs. Alma Lopez's box)

\*While pre-registration is preferred, a registration table will be available on Saturday, September 10<sup>th</sup> from 7:30AM-8:00AM.

\*All participants should come dressed in comfortable shoes (tennis/dance shoes) and clothes.

\*Parents-Come back at 11:30AM for show-offs in the Competition Gym!

\*Parents may purchase game tickets from our bookkeeper from 11:40AM-2:15PM on Thursday/Friday week of the game at Taft HS or at the gate the day of the game. Game begins at 7:00PM at Gustafson Stadium. Performers will need to wear black leggings/sweats, clinic shirt, tennis shoes, red bow in ponytail for game halftime performance. Additional detailed information regarding the performance will be distributed at the clinic.

\*If you have any questions, please contact Mrs. Lopez at alma.lopez@nisd.net.

**Dance Clinic Registration Form** member: \_\_\_\_\_

Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone/Alt #: \_\_\_\_\_

Age of Participant: \_\_\_\_\_ School & Grade: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

(size not guaranteed after preregistration)

Allergies: \_\_\_\_\_

Make checks payable to **Taft High School**. Please print participant's name on check. No refunds will be given.

**RELEASE OF LIABILITY AND STATEMENT OF PHYSICAL CONDITION**

In consideration of my child's participation in the dance clinic to be conducted at Taft High School campus and Gustafson Stadium on September 10, 2106; I the undersigned, do hereby for myself and heirs, release and forever discharge any and all rights and claims against the dance clinic, Mrs. Alma Lopez, the teaching staff of the clinic and Northside ISD, Volunteers, and any employee of the before mentioned school district for any property loss, illness, or injury sustained with the above dance clinic and football game. I have full knowledge of the risks involved in this dance clinic and game performance and state that my child is physically fit and sufficiently trained to participate in this event. The sponsor or person in charge has my permission to take the above named student to a hospital in case any emergency should arise. I authorize medical treatment and transportation by the proper authorities.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_