

***Assumption High School
Dance Team
Fall Dance Clinic***

Saturday, November 7, 2015

COST: \$35 in advance/ \$40 day of clinic

INCLUDES: Dance instruction by the Assumption High School Dance Team, pizza, and t-shirt.

AGES: 5-15 years old

WHERE: Assumption High School Gymnasium

TIME: 10am until 2pm
(Parents may come at 1:50 to watch)

For more information: ashley@threesixtydance.com

**Mail attached permission form and check to:

Ashley Flaker
11401 Plantside Drive
Louisville, KY 40299

Please make checks payable to the Assumption Dance Team

PLEASE COMPLETE PERMISSION SLIP

2170 Tyler Lane

Louisville, Kentucky 40205

Assumption High School Dance Team Clinic Permission Slip

I, the parent/guardian of _____, would like for my son/daughter to participate in the Dance Clinic at Assumption High School on November 7, 2015. I understand my son/daughter will be receiving dance instruction from members of the Assumption High School Dance Team and taking part in activities designed to improve his/her dancing. In consideration of the clinic activities, I hereby release and save harmless Assumption High School and any and all employees of that school from any and all liability for any injuries, loss, or other claims arising out of or resulting from participation.

Signature of Parent/Guardian: _____

Date: _____

Child's Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Grade: _____ School: _____

Allergies Y/N _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Email: _____

Emergency Contact: _____ Phone: _____

Relationship to child _____

T-shirt size: ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL

Please make checks payable to: **Assumption High School Dance Team**

Mail your check and completed registration to:

Assumption High School
c/o Ashley Flaker
11401 Plantside Drive
Louisville, Kentucky 40299

Please make sure permission slip is completed and signed!