

# Timberview High School

## “Lil Stars” Fall Dance Clinic

### With your own Celebrities!

**September 16<sup>th</sup> 2017, 9am-12:00pm**

*Registration begins at 8:00am*



**Who:** Pre-K to 8<sup>th</sup> Grade.

**When:** The clinic to learn the dance will be **September 16<sup>th</sup>**; the game of the performance will be **September 21<sup>st</sup>**.

**Registration:** 8:00 AM to 9:00 AM, Location: Dance Studio

**Instruction begins:** 9:00 AM to 12:00 PM

**Cost:** \$25.00 (cash or money order payable to Timberview HS)

*This includes your clinic/performance shirt, registration fee, fee for participant to enter the game, snack, and crafts.*

### **Send Registration Form and Payment to:**

Timberview High School Celebrities

Attention: Roland Latson

7700 S. Watson Road

Arlington, Texas 76002

**Send registration in early to make sure your child gets the proper t-shirt size!**

Everyone attending the clinic will perform at halftime at the Timberview vs. Red Oak football game at Newsom Stadium on September 21<sup>st</sup> @ 7:00pm!!!

\*\*\*Day of the clinic: dance clothes or comfortable shorts/shirts. **No jewelry or valuables please. Please write participants name on ALL belongings.** You may bring your own water bottle. \*\*\*

**For any questions contact Roland Latson 682-314-1493**  
**or rolandlatson@misdmail.org.**

# **THS Celebrities “Lil Stars” Registration Form**

Child’s Name \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Shirt Size (circle one) – YS YM YL AS AM AL XL 2X 3X

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Guardian’s Email Address \_\_\_\_\_

**If you would like a parent shirt, circle your size and include an extra \$12.00.**

**\*2X and 3X will be an additional \$3.00 more = \$15.00\***

### **Release Statement**

My child \_\_\_\_\_, has my permission to attend the Celebrities Dance Clinic on September 16<sup>th</sup>, 2017 at Timberview High School. MISD, its employees, or the Celebrities will not be held responsible in the event of injury or accident. I also realize *that refunds will not be issued in the event that my child is no longer able to attend the clinic and/or game.* Should an accident occur I request those in charge to contact me. If the person in charge is unable to reach me, I hereby authorize them to call the physician and the emergency contact listed below and follow given instructions. I also realize that my child will not be released to anyone but me unless arrangements have been made. Finally, I hereby authorize Timberview HS Photojournalism and the Celebrities to use any photos taken with Celebrity members for publication and promotion of the clinic event.

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

Physician Name \_\_\_\_\_

Phone # \_\_\_\_\_

List any allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_