

DUBLIN HIGH'S CHEER & DANCE CLINIC



Date: SAT MARCH 19, 2011
 "DHS ORIGINAL GYM"

Time: 9:00-3:00pm

AGES 7-17 WELCOME!

Walk-Ins \$ 45 If Space Available!

\$38

PERFORMANCE
 RIBBONS
 AWARDED!

Beginners Are
 Welcome!!

Clinic Fee:

1. \$ 38
2. Includes Pizza Lunch, Waters, Drink & Souvenir Photo!



- JOIN TEAM DHS FOR A DAY!
- LEARN A FUN DANCE ROUTINE!
- PERFORM FOR YOUR PARENTS!
- DHS COMPETITION TEAM TO PERFORM THEIR NATIONALS ROUTINE AT COMMUNITY SEND OFF!
- MAKE FRIENDS AND HAVE A BLAST!

Attire:
 CLINIC T-SHIRT PROVIDED!!
 Shorts /Dance Leggings
 Pony Tails & Ribbons
 Your Biggest Smile!

To Register By Mail, Mail Form Below By:

MAIL REGISTRATION BY 3/4/2011!

***** Do You Have Any Questions? *****
 Email: dublinhighcheer@yahoo.com

Mail This Form and Your Fees
 by 3/4/11
 to DHS Cheer - \$ 38.00
Walk-In Fee is \$ 45, If Space Available Only!

DHS CHEER
 4737 Chestnut Ct.
 Dublin, CA 94568

_____	_____
Name of Participant	Tee Size S M L
_____	_____
Name of Parent	Emerg Contact #
_____	_____
Address	

City/State, CA	

Home Phone	E-Mail Address (Opt.)
_____	_____
Participant's School Name	Age/Grade
_____	_____

CLINIC EVENT WAIVER:

The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Dublin High School, Dublin Unified School District and DHS Cheer he/she shall indemnify and save harmless such entity(ies) from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death. The Undersigned acknowledges that he/she has read this Waiver and has been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of Cheerleading and Cheer Dance, and is fully aware of the legal consequences of signing the within instrument.

_____	_____
Participant's Name	Date
_____	_____
Parent/Legal Guardian Signature	Date