

3rd Annual Steele HS Dance, Cheer, & Mascot Clinic

All students grades K-12 are invited to attend! Each participant will have an opportunity to experience the fun and excitement of both dance and cheer! A great chance for mom and dad to get some Christmas shopping done!

SATURDAY, DECEMBER 6, 2008

Registration begins @ 8:30

Clinic times are 9:30 am to 2:30 pm (Kinder/1st 9:30 to noon)

Parent show off @ 2:45 – Kinder/1st show off @ noon

Steele High School Auditorium

Pre-registration by Nov. 21 for \$30 (\$20 Kinder/1st)...\$35 @ the door (\$25 Kinder/1st)

PACKAGE INCLUDES:

- ACTIVITIES WITH THE STEELE MEDALLION DANCERS & VARSITY CHEERLEADERS
- T-SHIRT
- LUNCH, DRINK, for 2nd grade to High School & SNACK (Kinder and 1st Grade only)
- 4x6 PHOTO with Mascot, Cheerleader, and/or Medallion
- INVITATION TO CHEER AND PERFORM AT A VARSITY BASKETBALL GAME ON DECEMBER 9

-----PRE-REGISTRATION FORM-----

CHILD'S NAME _____ AGE _____ GRADE _____

PARENT NAME _____ CONTACT # _____

ADDRESS _____ CITY _____ ZIP _____

T-SHIRT SIZE (circle one) YOUTH 6-8 10-12 14-16
 ADULT SM MD LG XL XXL

EXTRA T-SHIRTS (\$10 each) SIZE _____

- o REGISTRATION FORM COMPLETED
 - o SIGNED WAIVER COMPLETED (on the back of this form)
 - o SHIRT SIZE CIRCLED
 - o REGISTRATION AT THE DOOR WILL NOT BE GUARANTEED A SHIRT BY PERFORMANCE
 - o CHECK OR MONEY ORDER FOR \$30 (early registration) OR \$35 (Kinder/1st fees are \$20 early and \$25 @ the door)
- PLEASE MAKE CHECKS PAYABLE TO: STEELE DANCE BOOSTER CLUB

MAIL REGISTRATION FORM, WAIVER, & PAYMENT TO:
SHS CLINIC, 140 WHITNEY WAY, CIBOLO, TX, 78108

2008 STEELE HIGH SCHOOL
DANCE AND CHEER CLINIC WAIVER

My child, _____, has my permission to participate in the Dance and Cheer Clinic held at Steele High School on Saturday, December 6, 2008.

I understand that my child will be exerting physical activities, including, but not limited to flexibility exercises, leaps, jumps, turns, and beginning level acrobatics (i.e. forward rolls and cartwheels). I am aware that there will be constant supervision of my child. I understand, however, that not every injury can be avoided. I agree that in the event of an accident or injury to my child, I will not hold Steele High School, the Schertz-Cibolo-Universal City Independent School District, or any of the personnel responsible.

Parent or Guardian Signature Date