



Pom & Dance Clinic

Saturday, October 13, 2018

CMH Gymnasiums, 601 E. College Ave., Waukesha

AM Session: 9:00am – 12:00pm

PM Session: 1:00pm – 4:00pm

Special performance for family and friends will take place
the last 15 minutes of the clinic (beginning at 11:45am or 3:45pm)

Girls and Boys in grades K4-8 are invited to join the CMH Pom
& Dance Team for a session of dancing and fun!

The participants will take part in a technique session, learn a
pom routine, enjoy some fun and snacks, and put on a show!

All material will be catered to dancer's particular age group:

K4-2nd / 3rd-5th / 6th-8th.

COST: \$20 -- includes clinic participation, snack, and poms to take home!

ONLINE REGISTRATION FORM: <http://tinyurl.com/danceonline18>

8th GRADE PARTICIPANTS: You are invited to a "mock tryout" following the session including: brief explanation of tryout process, followed by a performance of clinic routine and skills with a group in front of a panel of "judges". No scores given. Written feedback available upon request. Experience an actual CMH tryout without any pressure! Go into next year's tryout with confidence!

Questions? Email: Catholicmemorialdance@gmail.com



2018 Pom & Dance Clinic Registration

Name: _____ Grade: _____

Parent(s) Name: _____

Phone: _____ Email: _____

Session (AM or PM): _____ Food allergies? _____

CONSENT & WAIVER:

I consent to the participation of my child in the above named activity. In consideration for my child's participation, I agree to reimburse and indemnify the school for all reasonable legal and court fees incurred by school in defending a lawsuit that I or my child may bring against the school which relates to the above named activity if the school is found not legally liable by the courts and prevails in the lawsuit. If the school is found legally liable for injuries sustained, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guardian Signature

Date

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone #: _____

Registration Fee payable to: **CMH Poms**

Mail to: **Catholic Memorial High School**

Attn: Poms

601 E. College Ave. Waukesha, WI 53186

REGISTRATION ALSO AVAILABLE ONLINE: <https://tinyurl.com/danceonline18>

(Registration open until day of event – WALK INS welcome!)