

PIUS XI CATHOLIC HIGH SCHOOL POMS *Youth Clinic*

The Pius XI Catholic HS Poms invite you to join us for a youth dance clinic on Friday, December 14th. Participants will learn a short dance routine and have the opportunity to perform it that same night for the Varsity basketball game! The clinic is open to all K4-8th graders.

Important Registration Information

When: Friday, December 14th

Where: Pius XI High School Field House
135 N. 76th Street, Milwaukee

Time: 4:30pm-8:00pm

Cost: \$30 per participant. This cost includes: t-shirt, hair bow, a performance at the Varsity basketball game and pizza.

Age: Open to K4-8th grade

Clinic Schedule:

4:30-7:00 Routine Instruction/Pizza

7:15 Varsity game starts

7:45 Half-time performance (estimated)

Register today by emailing piusxipoms@gmail.com. Please include participant's name, grade, and t-shirt size.

REGISTRATION FORM

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent Cell Phone: _____

Emergency Contact: _____

Allergies/Health Concerns: _____

Grade: _____

School: _____

T-SHIRT SIZE PLEASE CIRCLE ONE

| Youth Size | | | Adult Size | | |
|-------------|--------------|-------------|-------------|--------------|-------------|
| Youth Small | Youth Medium | Youth Large | Adult Small | Adult Medium | Adult Large |

PARENT/GUARDIAN CONSENT & WAIVER

I, _____ (parent name) give _____ (participant's name) permission to participate in the Pius XI Poms Youth Clinic. I understand and agree that the Pius XI Catholic High School, the Pius XI Poms dancers and coaches, and other staff will not be held liable for any injuries, accidents, or loss of property, however caused. I further acknowledge and agree that all risk involved in participation in the Youth Clinic are assumed by the participant and his/her parent or guardian. The school does not provide insurance and I am responsible for providing my own insurance.

I have read the above statement and agree to the terms.

Parent/Guardian Signature: _____

Date: _____

You must register by EMAIL by November 30th. Please email piusxipoms@gmail.com and include participant name, grade, and t-shirt size. You must bring the following form and registration fee the day of the clinic. Make check payable to: PIUS XI CATHOLIC HS POMS.