

# MEADOWDALE HIGH SCHOOL DANCE TEAM

Invites you to join us at our **13<sup>th</sup> ANNUAL DANCE CLINIC!**

## “CANDYLAND” DANCE PARTY!

**Friday January 29<sup>th</sup> 2016** (Non-student day in the Edmonds School District)

**9:00 am – 1:45 pm** in the Meadowdale High School Gym

For: Kindergarten – 6<sup>th</sup> grade

Fee: **\$40**

Fee Includes:

- Routines taught by the Award Winning MHS Dance Team
- Dance Clinic T-shirt
- Snacks
- Craft Session
- **Performance for parents 1:30-1:45 featuring age-group routines and The Meadowdale Dance “Candyland Pom” routine**

Please send a sack lunch with your child and remember to wear comfortable clothes and court shoes.

Early registration encouraged in order to be guaranteed a t-shirt.

**Make checks payable to the Meadowdale Sports Booster Club – Dance Team, or to use paypal, go to [www.mavfan.org](http://www.mavfan.org)**

Mail Registration and Waiver (on back) to: MHS Dance Team Coach Jane Olsen, 6002 168<sup>th</sup> St. SW, Lynnwood, WA 98037

Questions: Please contact Coach Jane Olsen [krisandjane@comcast.net](mailto:krisandjane@comcast.net) or Lisa Anderson (Dance Team Parent)

[LisaAnderson@live.com](mailto:LisaAnderson@live.com)

Dancers Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Daytime contact phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

T-shirt size: Youth S (6-8) M(8-10) L(14-16)

*\*The Edmonds School District does not sponsor or endorse the activity and / or information contained in this material*

**Permission to Participate / Assumption of Risk**

As a parent or guardian of a student requesting to register for participation in the 2016 Meadowdale High School Dance Clinic, I hereby acknowledge that I have read, understand and agree to the following:

1. I acknowledge that dancing entails many risks of injury, even when done in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being \_\_\_\_\_ (parent / guardian initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his / her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition \_\_\_\_\_ (parent / guardian initial)

**Medical Information:**

The following special health problems should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release:**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent / guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed. Name of preferred doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance:**

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan number: \_\_\_\_\_

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your schools main office, head coach or school athletic trainer.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and / or death. Being fully aware of the risks, I hereby give permission for:

\_\_\_\_\_ who attends \_\_\_\_\_  
(Student name) (School name)

to participate in the 2016 Meadowdale High School Dance Clinic on January 29, 2016 for the purpose of practicing fundamental dance skills in order to enhance skill and performance level.

\_\_\_\_\_  
Parent / Guardian Name PLEASE PRINT Home phone Cell Phone

\_\_\_\_\_  
Address Parent / Guardian Signature Date