

AMITY HIGH SCHOOL DANCE TEAM FALL CLINIC 2023—

offered by Amity High School's Varsity Dance Team!

Day 1: Monday, October 16, 2023 5:30 p.m. to 7:30 p.m.

Day 2: Wednesday, October 18, 2023 5:30 p.m. to 7:30 p.m.

Day 3: Friday, October 20, 2023 4:30 arrival for 6:00 p.m. game

Location: Amity High School Main Gym (Enter school through back)

Who may participate?

Boys and Girls currently in grades 3-8

Why should you attend this clinic?

Participants will learn a dance routine with hip-hop and pom. They will have a chance to ask dance team members what it is like to be on a high school dance team. They will get to perform with the team at our Home Football game on the 50 yard line during Halftime.

Tell your friends and sign-up today!

What is the cost to participate?

The cost is \$40.00 per participant. Checks should be made out to the Amity Dance Team. Cash is accepted as well. Payment includes a performance t-shirt for Friday's game.

How do I sign up?

Please email this form to <u>AmityDanceTeam21@gmail.com</u> by **Tuesday 10/10**. Bring payment and signed copy of this registration form to check-in on the first day of the clinic. Space is limited to 45 participants.

What do I need to do?

Come dressed and ready to dance. You will need to wear shorts or dance/jazz pants; tennis shoes, dance sneakers or jazz shoes; socks and a t-shirt or tank top. Long hair should be worn in a ponytail; short hair should be secured off your face. Bring a water bottle. **Arrive at 5:15 pm** to check in and warm up. The clinic begins promptly at **5:30 pm**. On game day, wear black leggings or yoga pants with provided t-shirt and black/dark colored sneakers.

If you have additional questions, please contact AmityDanceTeam21@gmail.com

Amity High School Fall Dance Clinic 2023 October 16th & 18th 5:30-7:30 pm

October 20th at 4:30 pm for 6:00 game

Name:	
Grade: Age: _	
Email Address for Con	irmation:
Parent/Guardian Name	2 & Phone Number:
Additional Parent/Gua	dian/Emergency Name and Phone:
Pick-up will be provide	d by:
How did you hear about you were referred)?	It the clinic (Please list specific member of the team if
<u>Dance</u> <u>Team</u> . Cash is on the first day of the	rticipant. Please make checks payable to Amity s also accepted. Payment is required at check-in the clinic for participation. On form to AmityDanceTeam21@gmail.com, and by to the clinic.
	Dance Clinic Medical Consent Form
activities. In addition, I au or sickness. A registratio accident involving their ch	ild is in good normal health and has my permission to participate in all thorize the AHS Dance Clinic Staff to act for my child in the event of injury requires that a parent/guardian sign below to agree that in case of an ild while attending the Amity Dance Team Clinic, they release the Clinic, Director from any and all liability.
Date:	SIGNED: