



# AMITY HIGH SCHOOL DANCE TEAM WINTER CLINIC 2026



*offered by  
Amity High School's Varsity Dance Team!*

**Day 1 - Practice: Tuesday, Feb 10 5:30 p.m - 7:00 p.m.**

**Day 2 - Practice: Wednesday, Feb 11 5:30 p.m - 7:00 p.m.**

**Day 3 - Game: Thursday, Feb 12 6:00 arrival for 7:00 game**

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

**\*2/11 practice will be located in the Cafe (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 basketball game during Halftime. Tell your friends and sign-up today!

## **What is the cost to participate?**

The cost is **\$45.00** per participant. Checks should be made out to the Amity Dance Team. Cash is accepted as well. Payment includes a performance t-shirt for Thursday's game.

## **How do I sign up?**

Please email this form to [Amitydancers@gmail.com](mailto:Amitydancers@gmail.com) by **Sunday 2/1**. Bring payment and signed copy of this 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: [Amitydancers@gmail.com](mailto:Amitydancers@gmail.com)

# Amity High School Winter Dance Clinic 2026

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size (youth or adult)

\_\_\_\_\_

\*We will do our best to accommodate sizes\*

Email Address for confirmation: \_\_\_\_\_

Parent/Guardian Name & Phone number: \_\_\_\_\_

Additional Parent/Guardian/Emergency Name and Phone:

\_\_\_\_\_

Pick-up will be provided by:

\_\_\_\_\_

How did you hear about the clinic (Please list specific member of the team if you were referred)?

\_\_\_\_\_

**Cost: \$45.00 per participant. Please make checks payable to Amity Dance Team. Cash is also accepted. Payment is required at check-in on the first day of the clinic for participation.**

**Email this registration form to [Amitydancers@gmail.com](mailto:Amitydancers@gmail.com) and bring the signed copy to the clinic.**

### Dance Clinic Medical Consent Form

I hereby state that my child is in good normal health and has my permission to participate in all activities. In addition, I authorize the AHS Dance Clinic Staff to act for my child in the event of injury or sickness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending the Amity Dance Team Clinic, they release the Clinic, Sponsor, Instructors, and Director from any and all liability.

Date: \_\_\_\_\_

SIGNED: \_\_\_\_\_

*Parent/Legal Guardian Signature*

PRINT: \_\_\_\_\_