San Clemente High School Dance Department

2015 Spring Skills Workshop
Do you have a talented and experienced son or daughter who loves to dance?
Open to Students Currently in Grades 7 thru 11

Friday, March 27, 2015
4:00 PM – 7:00 PM (Check-in begins at 3:30 PM)
$75 per Dancer due by Tuesday, March 24, 2015

Dancer Name: __________________________ Age: _____ Grade: ________
Address: _________________________________
Dancer Cell: ___________ School Attending: ___________________________
Parent Cell: ___________ Parent E-mail: _______________________________

Please list current and recent dance instruction (include studio, teacher, how long):

Ballet: _________________________________
Lyrical/Contemporary: __________________
Hip Hop: ______________________________
Other: __________________________________

I hereby give my consent for the above named dancer to participate in the Skills Workshop. I realize that there is a risk of injury from participation in all dance classes. To the best of my knowledge, this student does not currently have any injury or medical condition that would put them at risk for further injury in taking classes. It is understood that the Capistrano Unified School District, San Clemente High School, SCHS Dance Team, Encore Club, Dance Class Teachers, Coaches and choreographers are not financially responsible in case of an accident or injury.

I hereby give my consent for the SCHS Dance Team Encore Club to publish photographs and video taken during the Skills Workshop. Permission is given to use these items on the Dance Team website (www.schsdance.org), in newspaper articles, on flyers and other promotional materials on campus and in the community. I hereby waive any right I may have to inspect or approve any photographs or video, and I release the SCHS Dance Department and Encore Club from all liability which could result from its use.

Dancer Signature: __________________________ Date: __________________________
Parent Signature: __________________________ Date: __________________________

Emergency Contact (other than parent named above):

Name: ___________________________________
Phone: __________________ relationship to dancer: __________________

Please make check payable to “Encore Club” and return with completed and signed form to:
SCHS Dance Team, 12 Calle Vista del Sol, San Clemente, CA 92673

Questions?? Send email to schs.dance@yahoo.com

Please note that this workshop is intended to be informational and instructional only. In no way is it a requirement to audition for the team, nor is attendance a guaranteed or implied advantage in making the team.

No CUSD funds were used to print this flyer.