

WARRIOMETTES 20 20 MINI CAMP

COME DANCE WITH THE US!!!

SATURDAY, APRIL 18th: Grades 1-3 @ 9-11AM Grades 4-6 @ 12-3PM Grades 7&UP @ 12-3PM

LOCATION: Penn Middle School Gym (1007 Penn Middle Way, Jeannette, PA 15644)

COST: \$20 per dancer & includes T-Shirt & snack *with registration form*

WALK-INS are welcome but *do not include T-Shirt*

The Penn-Trafford High School Warriorettes Dance Team is holding a dance clinic inviting girls to dance with us. Girls in attendance will stretch, learn a routine, practice techniques and skills, and HAVE FUN!!! A snack will be provided as well. All girls will perform what they have learned at the end of the clinic for parents and guardians. We are also holding a bake sale at the end of the clinic.

PERFORMANCES: *Littles @10:45AM Middles @2:45PM Juniors @2:45PM*

- Be sure to wear comfortable clothing to dance in, tennis shoes or jazz shoes, and WATER
- Please check in within 15 minutes before the start of the clinic

Thank you for supporting the PTHS Warriorettes!

**Cut and mail or return bottom portion in along with your \$20 registration fee no later than April 6th:
Penn-Trafford High School Attn: Coach Jessica Larson, 3381 Route 130 Harrison City, PA 15636**

- ★ *Questions? Email us at larsonj@penntrafford.org*
- ★ *Follow us on Facebook & Instagram @[pths_warriorettes](#) for updates & content!*
- ★ *See our website <http://jessicalarson2014.wixsite.com/warriorettes> for more!*

REGISTRATION AND WAIVER OF LIABILITY/MEDICAL RELEASE FORM

**Cut and mail or return this portion in along with your \$20 registration fee no later than April 6th to:
Penn-Trafford High School Attn: Coach Jessica Larson, 3381 Route 130 Harrison City, PA 15636**

We release and absolve the Penn Trafford School District, The Penn Trafford Warriorettes, Coaches, and Dancers of any and ALL liability and responsibility for injuries, sickness, accidents, and/or property damage incurred during participation in the Penn Trafford High School Warriorettes Dance Clinic. I waive, release and forever discharge any and ALL rights and claims for damages, which I may accrue against the Penn Trafford School District, the PTHS Warriorettes, Coaches, and Dancers for any and ALL damages, which may be sustained or suffered by my child in connection with participation of the PTHS Dance Clinic. In the event of injury, accident, or sickness, I/We authorize treatment to my/our child by a physician and/or hospital.

Child's Name: _____ School/Grade Now: _____

Address: _____ Phone # During Clinic: _____

Allergies: _____ Medical Conditions: _____

T Shirt Size: YS YM YL AS AM AL AXL: Circle One

Guardian Name: Please Print: _____ Guardian Email: _____

Guardian Signature: _____ Date: _____

IN CASE OF EMERGENCY – CONTACT:

Name/Relation: _____ Phone #: _____