

# Penn Trafford High School Warriorette's Dance Clinic

**WHERE:** Penn Middle School Gym: 1007 Penn Middle Way Jeannette, PA 15644

**WHO:** Girls in Grades 1st-8th grade and High School students.

Special audition prep instruction for 8-11th graders who are interested in trying out for the PTHS Warriorette's Dance team

**COST:** \$15 and includes a t-shirt & snack

Day of Clinic: Saturday March 9th

SIGN IN-8:30 a.m. CLINIC -9:00 a.m. – 12pm

All groups will stretch, learn a routine and various dance drills.

All girls will perform what they learn at the end of the clinic for parents and guardians.

**PERFORMANCE at 11:45 a.m. Please return at 11:30 a.m. to get your seat!**

**Checks payable to: PTHS Warriorettes**

Registration includes: a T-shirt, and a Snack

**Cut & mail (or return) bottom portion, along with your \$15 registration fee, no later than Feb. 22<sup>nd</sup>:**

**Penn-Trafford High School Attn: Coach Jessica Larson, 3381 Route 130 Harrison City, PA 15636**

Questions: Email – [larsonj@penntrafford.org](mailto:larsonj@penntrafford.org)

- No Refunds.
- Please bring a labeled water bottle, wear comfortable clothing and tennis shoes.
- Walk-ins are welcome the day of the Clinic if you have not pre-registered, but t-shirts may not be available.

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## REGISTRATION AND WAIVER OF LIABILITY/MEDICAL RELEASE FORM

**Cut and mail or return this portion in along with your \$15 registration fee to: Penn-Trafford High School Attn: Coach Jessica Larson, 3381 Route 130 Harrison City, PA 15636, no later than Feb. 22<sup>nd</sup>.**

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 #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Insurance Co. and Policy #: \_\_\_\_\_