



# Weber High School ~ Warriorette ~ 2019 Dance/Drill Clinic

## DEAR PARENTS and DANCERS:

Thank you for your support of the Weber High Warriorettes. The following is some information that you will need to know for the upcoming workshop and performance.

- **CLINIC:** Wednesday, October 2<sup>nd</sup> 4:00 – 6:00 p.m. Meet in the WHS Small Gym.
- **PERFORMANCE:** Friday, October 4<sup>th</sup>, Meet at 6:30 in the Small Gym. Performance is at the Boys Varsity **FOOTBALL** half-time.
  - **Entry to the Game:** Each family will receive a coupon for a ONE FREE admission to the game on October 4<sup>th</sup>. This coupon will be handed out at the clinic. As a reminder, this coupon is good for **ONE** use (the specified game) for one free admission. Do not lose this ticket, additional coupons will NOT be available.
- **WHAT TO WEAR:** You will be picking up your clinic T-shirt when you arrive at 6:30 PM for the game. You will wear this **T-shirt (color is red with white print)** with either black bikers, dance pants, leggings or sweats. If you have dance shoes, wear these, if not you may wear tennis shoes. Hair can be done any way you would like.
- **PICK UP AFTER HALF-TIME:** ALL dancers must be picked up on the TRACK immediately following half-time.

**Hosting Dance Groups as Follows: 3-5 yrs, 6-8 yrs, 9-12 yrs, 13 and up and our Boys Only Crew.**

**REGISTRATION (DUE BY SEPT 13<sup>th</sup>):** \$25.00 for first child, \$20.00 for each additional child  
(Immediate family discount only)

If registration is received AFTER September 13<sup>th</sup> – there can be NO guarantee for a Clinic T-Shirt.

**PLEASE make checks payable to: "WHS Warriorettes"**  
**NO REFUNDS**

Questions? Call Brandy Christensen or Toria Randolph at 801-476-3700

\*\*\* CUT HERE – KEEP TOP PORTION FOR YOUR RECORDS \*\*\*

Registration Form (Please Print Clearly)

Contact # of Parent/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size (Please check one!) ☐ YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL

As parent/guardian of the above names student, I give my permission for him/her to participate in the Warriorette Dance/Drill Clinic. I assume all risks and hazards of conduct for the program. I am responsible for transportation to and from the activity. In case of an injury to my child, I waive all claims against the Weber School District; the organizers, sponsors, Warriorette Team members, or any other person connected with the program.

Parent/Guardian: \_\_\_\_\_ (Print Name) Signature: \_\_\_\_\_

NAME OF WARRIORETTE: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_