



# 2019 Classics Drill Team Dance Clinic

Saturday, October 12<sup>th</sup> Clinic: 8:30am-12:00pm

SPECIAL SHOWOFF PERFORMANCE 11:30-12:00pm MAIN GYM

CLINIC COST: \$40 – PRE-REGISTRATION (\$30 Additional sibling) BY SEPTEMBER 28<sup>TH</sup>

\$50 – AT DOOR (cannot guarantee t-shirt after September 28<sup>th</sup>)

Location: Cypress Ranch High School 10700 Fry Road Cypress, TX 77433

What to wear: Dancers will be given t-shirt upon arrival and should wear tennis shoes/jazz shoes  
CLINIC WILL INCLUDE DANCE TECHNIQUE & CHOREOGRAPHED ROUTINE, T-SHIRT, SNACK, & PICTURE WITH A CLASSIC!

## Sit with a Classic

will be the evening of the clinic at the Cypress Ranch vs. Cypress Springs football game, dancer should wear clinic t-shirt to the game.

Cost: \$20 (must attend clinic to purchase) Location: Cy-Fair FCU Stadium

Return bottom portion of form to a Classic along with a check made payable to CRPC or sign up online at [www.cypressranchclassics.org](http://www.cypressranchclassics.org)

(\$1.50 online credit card processing fee for the Dance Clinic only or \$2.10 fee for Dance Clinic and Sit with a Classic)

Classic to receive credit for registration: \_\_\_\_\_

(Please leave blank if you do not know a Classic)

Will dancer participate in Sit with a Classic (additional \$20) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Requested Classic \_\_\_\_\_ 2<sup>nd</sup>Choice \_\_\_\_\_

(We will do our best to accommodate your requests, but we cannot make guarantees. Details for the game will be emailed to all those who sign up!)

Dancer's Name: \_\_\_\_\_

School: \_\_\_\_\_ 2019-20 Grade entering: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Medications/Allergies: \_\_\_\_\_

Emergency Contact (other than parent listed above): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

T-Shirt Order (circle size) Youth: SM MED LARGE Adult: SM MED LARGE

I give my permission for my child to participate in all clinic and/or "Sit with a Classic" activities. I hereby grant permission that any images taken may be used for reproduction. In the event of an emergency, I hereby release and hold harmless the Cypress Fairbanks I.S.D., their employees and volunteers acting on behalf of the Cypress Fairbanks I.S.D. and Cypress Ranch High School from any liability by my child while attending the above mentioned activities. I hereby authorize emergency medical treatment for my child when I cannot be contacted to give person consent.

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

Printed name of Parent/Guardian: \_\_\_\_\_