

**Timberview High School
“Lil Stars” Fall Dance Clinic
With your own Celebrities!**



Pre-Registration: August 27th - October 1st, 2018

Please pre-register on or before October 1st. All pre-registered participants are guaranteed a shirt and snack pack.

Send/Drop-Off Pre-registration Form and Payment to:

Timberview High School Celebrities

Attention: Roland Latson

7700 S. Watson Road

Arlington, Texas 76002

October 13th 2018, 10am-1pm

On-site Registration begins at 9:30AM in Timberview HS Gymnasium

Who: Pre-Kinder through 8th Grade students.

Dance Clinic: Learn technique and dance routine on October 13th, 2018.

Instruction begins: 10:00AM to 1:00PM

Cost: \$25.00 (cash, check or money order payable to Timberview HS)

*Onsite registration camp shirts – first come basis.

***Day of the clinic: dance clothes or comfortable shorts/shirts and tennis shoes. No jewelry or valuables please. You may bring your own water bottle. **Please write participants name on ALL belongings.** ***

Performance: Timberview vs Sunset HS football halftime at Newsom Stadium on Thursday, October 18th, 2018 at 7:00PM. All participants must have on camp shirt.

For any questions, contact the Timberview Celebrities Drill Team:

PH: 682-314-1493 EMAIL: rolandlatson@misdmail.org

**THS Celebrities "Lil Stars" Dance Clinic
Registration Form**

Child's Name _____ Age _____

School Attending _____ Grade _____

Shirt Size (circle one) – YS YM YL AS AM AL XL 2X

Guardian's Name _____

Home Address _____

City/State/Zip _____

Guardian's Email _____ Phone _____

Snack Pack Choice (circle one):
Peanut Butter/Jelly Sandwich or Turkey/American Cheese Sandwich
Served with fruit snack & juice.

Release Statement

My child _____, has my permission to attend the Celebrities dance clinic on October 13th, 2018 at Timberview High School. MISD, its employees, or the Celebrities will not be held responsible in the event of injury or accident. I also realize *that refunds will not be issued in the event that my child is no longer able to attend the clinic and/or game.* Should an accident occur I request those in charge to contact me. If the person in charge is unable to reach me, I hereby authorize them to call the physician and the emergency contact listed below and follow given instructions. I also realize that my child will not be released to anyone but me unless arrangements have been made. Finally, I hereby authorize Timberview HS Photojournalism and the Celebrities to use any photos taken with Celebrity members for publication and promotion of the clinic event.

Emergency Contact Name _____

Phone # _____

Physician Name _____

Phone # _____

List any allergies we should be aware of: _____

Parent Signature _____

DISCLAIMER: This information is being distributed as a community service. Mansfield Independent School District is not a sponsoring organization for this activity.