



Taft Highstepper Dance Clinic

Who: Grades PreK-High School

****All participants are invited to perform halftime with the National Award Winning Highstepper Dance Team at the football game!**

When: Saturday, October 27th

Where: Taft HS Cafeteria

Time: 8:00AM-12:00PM

Cost: \$30.00 (includes snack, t-shirt, and participant game ticket)

*All groups will learn fun dances from the 6 TIME HTEDance NATIONAL CHAMPION HIGHSTEPPER DANCE TEAM!

*To pre-register mail your payment and the bottom portion of this form by October 10th to:

Taft Highstepper Dance Team

Attn: Coach Alma Lopez

11600 Culebra Rd

San Antonio, TX 78253

Or drop off at Taft- label envelope (Coach Lopez's box)

*While pre-registration is preferred, a registration table will be available on Saturday, October 27th from 7:30AM-8:00AM.

*All participants should come dressed in comfortable shoes (tennis/dance shoes) and clothes.

*Parents-Come back at 11:30AM for show-offs in the Competition Gym!

*Parents may purchase game tickets from our bookkeeper from 11:30AM-1:20PM on Thursday/Friday week of the game at Taft HS or at the gate the day of the game. Game begins at 7:00PM at Gustafson Stadium. Performers will need to wear black leggings/sweats, clinic shirt, tennis shoes, red bow in ponytail for game halftime performance. Additional detailed information regarding the performance will be distributed at the clinic.

*If you have any questions, please contact Coach Lopez at alma.lopez@nisd.net.

Dance Clinic Registration Form member: _____

Name: _____ Parent Name: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone/Alt #: _____

Age of Participant: _____ School & Grade: _____ T-shirt Size _____

(size not guaranteed after preregistration)

Allergies: _____

Make checks payable to Taft High School. We do not accept temporary or out of state checks. Please print participant's name on check memo. **No refunds will be given.**

RELEASE OF LIABILITY AND STATEMENT OF PHYSICAL CONDITION

In consideration of my child's participation in the dance clinic to be conducted at Taft High School campus and Gustafson Stadium on October 27, 2018; I, the undersigned, do hereby for myself and heirs, release and forever discharge any and all rights and claims against the dance clinic, Mrs. Alma Lopez, the teaching staff of the clinic and Northside ISD, Volunteers, and any employee of the before mentioned school district for any property loss, illness, or injury sustained with the above dance clinic and football game. I have full knowledge of the risks involved in this dance clinic and game performance and state that my child is physically fit and sufficiently trained to participate in this event. The sponsor or person in charge has my permission to take the above named student to a hospital in case any emergency should arise. I authorize medical treatment and transportation by the proper authorities.

Signature of Parent or Legal Guardian: _____ Date: _____

VP OFFICE