

Pom Clinic & Halftime Performance

Friday, January 10th, 2020

Catholic Memorial High School, 601 E. College Ave., Waukesha

Clinic: CMH Cafeteria
4:00 – 7:00 PM

Performance: InPro Gym
Game at 7:00 PM
Halftime approx. 7:30PM*

K5 through 8th Graders are invited to join CMH Varsity Poms for a session of dancing and fun! The dancers will learn a pom routine, enjoy a pizza party, and then showcase their hard work at halftime of a Catholic Memorial Varsity Basketball game.

Cost: \$30 includes clinic participation, pizza, and souvenir T-shirt!
Official performance poms can be taken home for an additional \$10!

Suggested Attire: Participants should wear black bottoms (athletic shorts, pants, or capris), tennis shoes, and a tank-top that they can keep on under their clinic t-shirt for the performance. Other t-shirts, sweatshirts, etc. are welcome for the clinic portion of the evening.

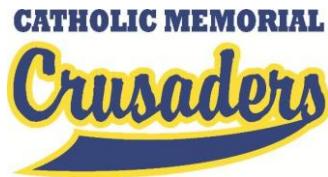
**Parent/Guardian(s) must meet their child(ren) in the CMH Cafeteria immediately following halftime.*

Questions? Email: Catholicmemoraldance@gmail.com

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To Register:

- (1) Complete a Registration Form (attached, or email catholicmemoraldance@gmail.com for a form)
- (2) Mail with payment to Catholic Memorial High School, Attn: Poms



Registration Form

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Name: _____

Grade: _____

Parent Name: _____

Parent Email: _____

Food Allergies?: _____

T-Shirt Size: (circle one) Youth S Youth M Youth L Youth XL Adult S (+\$1)

WAIVER:

I consent to the participation of my child in the above named activity. In consideration for my child's participation, I agree to reimburse and indemnify the school for all reasonable legal and court fees incurred by school in defending a lawsuit that I or my child may bring against the school which relates to the above named activity if the school is found not legally liable by the courts and prevails in the lawsuit. If the school is found legally liable for injuries sustained, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guardian Signature

Date

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Phone #: _____

\$30 fee payable to: **CMH Poms**

Mail to: **CMH Poms**
601 E. College Ave.
Waukesha, WI 53186