

Dance with the Hanover High School Dance Team

Winter Dance Clinic with HHSDT!

Followed by dance performance at HHS Girls' Varsity Basketball Game

Who can attend: Boys & girls in grades 1-8

When: Friday January 26th

Where: Hanover High School Media Room

- ❖ Registration begins at 4PM
- ❖ Dance clinic runs from 4:15-6:15PM
- ❖ Watch the first half of the basketball game (starts @ 6:30 PM)
- ❖ Perform at half time with the dance team at approximately 7:00PM!

Price: \$35; for t-shirt, pizza, drinks, and dance



**Dance clinic includes
t-shirt, pizza, drinks, and
dance education!**

Come meet the HHS Dance Team to learn a dance and perform together at half time!

To reserve a spot: E-mail ethompson@hanoverschools.org with your child's name, grade, and t-shirt size!

* Please fill out and bring the attached permission slip and payment *
(\$35 Cash or check accepted - checks payable to Hanover High School)
Note: If your child received a t-shirt last year and does not need a second one, please pay only \$25 and include this change in your e-mail.

Any questions or concerns contact:

Coach Elaine Thompson: 516-849-7450

ethompson@hanoverschools.org



Hanover High School Dance Team
Winter Dance Clinic
Permission Slip



Parental Consent – Release from Liability:

I give permission for my son/daughter

_____ to participate in the HHSDT dance clinic for a cost of \$35 on January 26, 2018 from 4:00 – 7:30 PM at Hanover High School.

Furthermore, I understand that it is my responsibility as a parent/guardian to notify the HHSDT Coach (Elaine Thompson) if my child has a medical condition and to discuss treatment options. I understand that my child's participation in the clinic is voluntary and that my child and I are free to choose not to participate. By signing this form, I affirm with full knowledge, to release the Town of Hanover, Hanover Public Schools, the School Committee, and all their employees, agents, board members, volunteers, and any and all individuals and organizations assisting or participating in these voluntary athletic programs of Hanover Public Schools from any and all claims, rights of action and causes of action that may have arisen in the past or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Hanover Public Schools voluntary Dance Team Clinic.

Signature of Parent/Guardian

Date

Contact Information:

Parent/Guardian Name

Student Name

Parent E-mail Address

Parent Telephone Number

Secondary Adult Contact (in case of emergency)

Secondary Adult Contact Telephone Number