



Majestics Summer Dance Clinic: June 5-7, 2017

LOCATION: Cedar Valley Middle School

Registration Form

Come join the McNeil High School Majestics for three days of dancing, crafts and more!

Location: Cedar Valley Middle School

Who: Any student entering grades K-8th grade. No dance experience needed.

What to wear: Comfortable clothes and shoes that you can dance in.

What to bring: Water bottle, and a lunch if attending full day.

Participant's Name: _____ Age: _____

Parent's Name: _____ Email: _____

Address: _____ Zip: _____

Daytime Phone: _____ Other phone (after 5p): _____

School (Fall 2017): _____ Grade (Fall 2017): _____

****Name of Majestic referring this camper:** _____

**

Registration Prices:

_____ **One session** (morning OR afternoon) \$60.00 by May 31, 70.00 late registration

_____ **Both Sessions** (all day) 120.00 by May 31, 130.00 late registration

Times (select one): _____ Morning Session: 8:00 am-12:00 noon

_____ Afternoon Session: 1:00pm-5:00 pm

_____ Both Sessions: 8:00 am-5:00 pm (lunch break 12:00-1:00)

Regular T-shirt Size: (select one)

_____ Child Small _____ Child Medium _____ Child Large

= \$ _____ included

_____ Adult Small _____ Adult Medium _____ Adult Large

Please make all checks payable to McNeil Majestics Booster Club TOTAL = \$ _____

Mail registration form and fees to: McNeil High School Majestics, 5720 McNeil Drive, Austin TX 78729

Activities will include: Dance Technique, choreography, games, crafts, and more! Showcase performance for parents, families, and friends on Wednesday at 4:30 p.m. on the Cafeteria stage. Come watch your camper and all they have learned at camp! All sessions taught by McNeil Majestics!

PHOTO PERMISSION:

I give the Majestics clinic workers or other designated personnel permission to photograph my child during the dance clinic for media publications, flyers, video presentations, and web page material that promotes the Majestics.

Parent or Guardian Signature: _____ Date: _____

MEDICAL ALERT CARD

Child's Last Name	First Name	MI	Child's Birth	Mo/Day/Yr	Social Security Number
-------------------	------------	----	---------------	-----------	------------------------

Child's Street Address	Child's City, State, Zip
------------------------	--------------------------

Mother's Last Name	First Name	MI	Father's Last Name	First Name	MI
--------------------	------------	----	--------------------	------------	----

Mother's Street Address	Father's Street Address
-------------------------	-------------------------

Mother's City	State	Zip	Father's City	State	Zip
---------------	-------	-----	---------------	-------	-----

Mother's Day Phone	Cell Phone	Father's Day Phone	Cell Phone
--------------------	------------	--------------------	------------

Child's Doctor/Clinic Phone	Special medical conditions/allergies we should be aware of
-----------------------------	--

List medications regularly taken and times

I hereby give my permission for my child to participate in the Majestics Dance Clinic. I hereby waive and release MHS Dance Directors, the dance clinic workers, and Round Rock ISD from any liability, for injury or illness incurred while at the clinic. I give the staff permission to act for me according to their best judgment in any emergency

Parent or Guardian Signature: _____ Date: _____