

THE PULASKI DANCE TEAM FOOTBALL HALFTIME Dance Clinic

The Pulaski Dance Team would like to welcome all K-8th grade students to join in the 2017 Football Dance Clinic! Participants will engage in basic dance technique and learn a dance routine to be performed during halftime at the varsity football game!

When? Friday, September 8, 2017

Where? Pulaski High School Commons

1040 S. St. Augustine St. Pulaski WI 54162

Halftime performance @ PHS Saputo Stadium



Who? Students Kindergarten-8th grades from ANY school district

Cost? \$30 fee includes poms, dinner, participation and entry into game

Spectators will need to pay for entry into the game.

Agenda? 4:30-4:45 Registration, Warm Up, Stretching, technique

4:45-6:00 Learn dance routine

6:00-6:30 Dinner Break

6:30-7:00 Review/ practice routine

7:00-7:15 Pictures/Walk to Stadium/Get ready for performance

***Dancers and participants will stay together until halftime. Pick up will be after

halftime in the PHS Commons. *** **TO ASSURE A SMOOTH & SAFE PICK UP PROCESS, PARENTS MUST SIGN CHILDREN OUT WITH A PDT COACH*****

Attire & Registration? Please dress comfortably- athletic shoes & black yoga or legging type bottoms preferred and a black Pulaski shirt if you have one. **Registration forms MUST be received by the dance team by Friday, August 25th**. Walk-in registration is welcome, however pom availability will NOT be guaranteed. Walk-in registration fee will be \$30. There will also be no refunds due to illness, etc. **Thank you for understanding and supporting the Dance Team!**

Dinner? Pizza, cookies and water will be served. If your child has any food allergies please specify on the registration form. Sorry- we are not able to accommodate other food requests, if other food is desired, please plan accordingly and send a meal with dancer

Weather? If the game is canceled due to weather, unfortunately it cannot be rescheduled. Sorry-no refunds will be issued.

More Information?

Please contact Head Coach Hanna Hedsand - hjhedsand@pulaskischools.org

Assistant Coach Jennifer Erickson - ericksonj198@gmail.com



We would like to invite participants to bring a non-perishable food, hygiene product, school supplies, or paper products. Clothing, bedding and linens are, also, accepted. All items will be donated to the Community Pantry.

Must have a minimum of 15 participants to run the clinic- we will contact you by September 5th and all money will be refunded. **If you do not hear from us - WE WILL BE DANCING!!

THE PULASKI DANCE TEAM FOOTBALL HALFTIME Dance Clinic
Registration Form & Emergency Contact Information

***To guarantee poms, you must pre-register by Friday, August 25th**

Participant Name _____ Age _____

Grade _____

Parent/Guardian _____

Parent/Guardian Phone Number _____

(please list any and all applicable phone numbers to reach you during the clinic)

Email _____

(registration confirmation will be sent to this email address)

Emergency Contact _____ Phone _____

Are there any allergies or health conditions we should be made aware of at this time?

Checks made payable to: Pulaski Dance Team
Please send registration forms and payments to:

Pulaski Dance Team
ATTN: Dance Clinic
1040 S. St. Augustine St.
Pulaski WI 54162



Forms may also be turned into the office of any school within the Pulaski School District. Please allow time for forms to travel to Pulaski High School.

Release and Hold Harmless Agreement: As a parent or legal guardian of the dance participant named above, I authorize my child to participate in the Pulaski Dance Team Dance Clinic on Friday, September 8th. Any illness or injuries resulting from participation in the clinic are my responsibility. Participation in the clinic is voluntary. Safety of participants will be a first priority during the clinic. Pulaski High School faculty, staff, volunteers, students, advisors, and the instructors shall not be responsible for treatment of defects, illness, or injuries that occur during the participation or that become apparent after the individual had completed the clinic. Photographs taken at the event may be used for marketing purposes online and for future event registration. I hereby certify that I have read and understood the statement concerning Pulaski High School and participant responsibility and authorize my child to participate in the clinic on Friday, September 8 2017.

Signature of Parent/Guardian _____