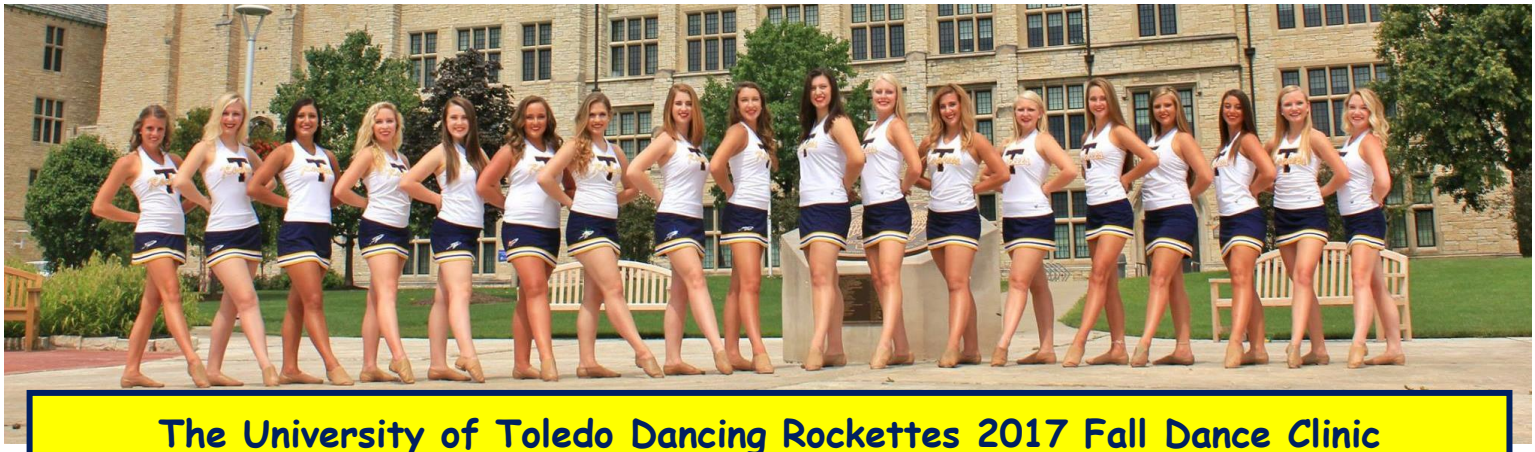

The University of Toledo Dancing Rockettes 2017 Fall Dance Clinic
Saturday, September 16, 2017 3:00 pm

Come join the Dancing Rockettes for our 2017 Fall Dance Clinic. Dancers will spend time practicing dance technique with the Rockettes as well as learn a dance to perform at the Football game against Tulsa. The clinic will take place on Saturday, September 16th at 3:00 pm and will run until game time, with a performance as part of the pre-game show of the 7:00pm game. Check-in for the clinic will begin at 2:30 pm and will take place in the Fetterman Gym inside Savage Arena on UT's main campus.

The $40 Registration Fee includes the clinic, T-shirt, ticket to the game, and a snack before the game starts. Discounted tickets will be available for the friends and family of clinic participants for $15. In order to secure your clinic spot and tickets, please register by Friday, September 1st. Tickets can be picked up at clinic registration. Registration for the clinic will be accepted through the day of the clinic, but tickets and T-shirt will not be guaranteed.

For questions concerning the clinic, please contact Coach Devon Hays at 419.410.8755 or by email at ToledoRockettes@gmail.com. Upon registration, you will receive an email with additional details.

Registration and Medical Form may be mailed to:
Checks payable to: UT BANDS

Devon Hays
c/o UT Bands
The University of Toledo
2801 W. Bancroft St. Mail Stop 605
Toledo, OH 43606

Dancing Rockettes Fall Dance Clinic 2017 Registration Form

Participant Name: _____ Participant Age: _____

Address: _____ Email: _____

Phone Number _____ T-shirt size: _____ (youth S/M/L or adult S-3XL)

Additional Game Tickets _____ Tickets: _____ @ $15 each = $ _____

Contact name

Registration Fee = $40.00

PARENT SIGNATURE and CELL PHONE FOR CONTACT AT THE GAME: + Processing Fee = $ 5.00

TOTAL = $_____

_____ _____ **Checks payable to: UT BANDS**

MEDICAL AUTHORIZATION FORM

Participant Name: _____ Participant Birthdate: _____

Parent Name: _____ Phone Number: _____

Additional Emergency Contacts:

CONTACT ONE:

Name: _____ Phone Number: _____

Relationship: _____

CONTACT TWO:

Name: _____ Phone Number: _____

Relationship: _____

IF PARENT CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

_____

Primary Physician:

Name: _____ Phone Number: _____

Address: _____

Medical Insurance Information:

Group Name/Plan # _____

Name of insured (or person responsible for payment) _____

Allergies (including food allergies) or Other Medical Limitations:

_____

_____

Permission for Medical Treatment:

Administrative procedures vary among medical personal and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an emergency or accident, I authorize my child's caregiver or other authorized adults to take my child to the above named physician or to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent's Signature: _____ Date: _____