



## WAVERLY DANCE TEAM

# 90'S

Registration due  
Monday,  
January  
2nd!

\$45

INCLUDES DANCE  
CLASS, TSHIRT,  
PARTICIPANT  
ENTRY INTO GAME  
& A FREE ICE  
CREAM TICKET!

## JR DANCE CLINIC

**SATURDAY, JANUARY 7TH**

**WAVERLY MIDDLE SCHOOL**

**6-8TH GRADE: 8AM-9:30AM**

- THIS WILL BE A TRY OUT PREP CLINIC WITH THE DANCE TEAM. PARTICIPANTS WILL NOT PERFORM AT THE GAME, BUT CAN STILL ENTER FOR FREE WEARING THEIR T-SHIRT AND RECEIVE A FREE ICE CREAM TICKET!

**K-5TH GRADE: 10AM-NOON**

- PARTICIPANTS WILL LEARN A ROUTINE AND PERFORM AT THE VARSITY GIRLS BASKETBALL GAME AT 2PM. PARTICIPANTS WILL ALSO RECEIVE A FREE ICE CREAM TICKET THAT THEY CAN REDEEM AT THE GAME!

Contact coach Maryn Heald for any questions:  
[Maryn.heald@district145.org](mailto:Maryn.heald@district145.org)

# REGISTRATION IS DUE NO LATER THAN MONDAY, JANUARY 2ND

(DETACH THIS PAGE AND RETURN WITH PAYMENT)

Participant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*a confirmation email will be sent to the above email address

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

T-Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

## **PARENT/GUARDIAN PARTICIPATION PERMISSION AND WAIVER**

I \_\_\_\_\_ am giving permission for my son/daughter to attend the Waverly Dance Team Jr. Dance Team Clinic. I understand that neither Waverly Dance Team, Maryn Heald, nor School District #145 are responsible for lost or stolen items. I, hereby, release Waverly Dance Team and its associates from any and all claims of damage or theft of any personal property used or left on the premises. I, hereby, release Waverly Dance Team and its associates from any and all claims of illness, injury, or death as a result of participation in this event. I understand and agree that any and all photographs or video footage of my child obtained during this event may be used in publications related to the Waverly Dance Team without further notice or compensation.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

PLEASE ENCLOSE YOUR PAYMENT OF \$45.00 ALONG WITH THIS REGISTRATION FORM AND

RETURN IT TO: Ms. Maryn Heald

\*1 registration form per participant please

Waverly Dance Team

13401 Amberly Rd. Box 426

\*registration forms may also be turned in to  
your school office by the date due.

Waverly, NE 68462

**PAYMENT MUST BE RECEIVED AT THE TIME OF REGISTRATION.  
REGISTRATION IS DUE NO LATER THAN MONDAY, JANUARY 2ND.**

\*sign-up will NOT be permitted the day of the event due to t-shirt ordering

**PLEASE MAKE CHECKS PAYABLE TO DISTRICT 145.**

FOR QUESTIONS OR ADDITIONAL REGISTRATION FORMS CONTACT MARYN HEALD AT [maryn.heald@district145.org](mailto:maryn.heald@district145.org)