



# FISHERS FUSION DANCE TEAM WINTER CLINIC!

**WHERE:** HAMILTON SOUTHEASTERN HIGH SCHOOL

**WHEN:** Friday January 25th 2019

**TIME:** 4:15PM-7:30PM Pregame Performance of Varsity Game

**WHO:** Kindergarten- 6<sup>th</sup> Grade

Did you miss our Football Clinic? Now is your chance to dance!  
Come out and dance with the Fishers Fusion Dance teams!

**Added Bonus This Year- Performance by Junior High, Junior Varsity, & Varsity Dance Teams in costume for dancers and parents.**

Price of dance clinic and pregame performance:

**\$35.00** (includes: 3-hour dance clinic, Performance by all 3 Dance Teams, T-shirt, and snack)

**\$5.00** per game ticket to watch performance (children under 5 are free)

**January 25th, information:**

- Promptly at 4:15pm through approximately 7:30pm - **YOU WILL PAY AT THE DOOR!!** (cash or check only)
- Dancers should wear: Black Shorts, and will be given a Clinic T-shirt. (It will be purple, for your information :)

**About Fishers Fusion Dance Team**

- Fishers Fusion Dance Team is a combination of talented dancers from both Fishers and HSE High schools.
  - Fishers Fusion Dance Teams have multiple Regional and National wins for Jazz and Pom.

**\*\*DEADLINE IS: MONDAY, JANUARY 14<sup>TH</sup> 2019\*\*\*\*-we will email you after this date with more clinic information!**

We need registration before the event. Please mail bottom to **Mary Carlson, 15332 Ellington Drive, Fishers, IN 46040**

Email to: [marycarlson1@comcast.net](mailto:marycarlson1@comcast.net) any questions, call: **317-507-7130**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

T-Shirt Size, please circle: YOUTH SM, YOUTH MED, YOUTH LARGE, YOUTH X-LRGE, ADULT SM, ADULT MED

Grade \_\_\_\_\_ School \_\_\_\_\_ # of game tickets needed \_\_\_\_\_

Guardian/Parent's First Name \_\_\_\_\_/Last Name \_\_\_\_\_

Guardian/Parent's First Name \_\_\_\_\_/Last Name \_\_\_\_\_

Guardian/Parent's Email Address \_\_\_\_\_/\_\_\_\_\_

Guardian/Parent's Emergency Contact Number \_\_\_\_\_

I, the undersigned, hereby state that I am the parent with legal custody or guardianship of the Participant listed above and that I give \_\_\_\_\_ permission for him/her to attend and participate in Fishers Fusion Dance Clinic and I give permission to perform at the HSE Basketball game on January 25<sup>th</sup>, 2019.

I acknowledge that I will be responsible for paying for any medical treatment that the Participant may receive as a result of injuries or illness suffered during his/her attendance and/or participation in this event by The Fishers Fusion Dance Team. Should the Participant be injured or become ill during his/her attendance and/or participation in this event, and I am not immediately available, I authorize FFDT to seek emergency medical attention for the Participant.

I, the lawful parent or guardian of \_\_\_\_\_, give permission via my electronic signature for my child to participate in the activity of "dance clinic" and release from all liability and indemnify Hamilton Southeastern Schools, both individually and as trustee for the Hamilton Southeastern Schools, Fishers High School, and their officers, agents, representatives, volunteers, and employees from all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness by my child while participating in the activity.

Parent (electronic) Signature \_\_\_\_\_ Date \_\_\_\_\_

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