

Cougar Stars Summer Dance Clinic

www.crhscougarstars.org

Stars Director: Samantha Cockerham
Asst. Director: Christine Deci



**Come have fun,
build confidence
and dance with the
Cougar Stars at our
annual dance clinic!**

- ★ Improve your dance technique and perform for parents and guests
- ★ Fun arts and crafts with the Stars
- ★ Snacks provided daily
- ★ T-Shirt provided for all participants

Our clinic is open to anyone ages 4 - 13

When: Monday, June 12 - Thursday, June 15 from 9:00 AM - 12:00 PM
Performance for parents and guests on Thursday, June 15 at 11:00 AM

Where: Cinco Ranch High School, 9th Grade Center

Cost: \$125.00 if postmarked by June 1 **Cost includes:**

- Clinic
- T-shirt
- Daily snacks
- Daily crafts

\$135.00 after June 1
No refunds after June 5

Late Registration:
On-site, June 12, 8:00 AM - 9:00 AM

Registration: Mail form and payment to:

<p>Cougar Stars Dance Clinic Attn: Samantha Cockerham 23440 Cinco Ranch Blvd. Katy, TX 77494</p>	<p>Make checks payable to: CRHS DTBC</p>
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Contacts: SamanthaECockerham@katyisd.org or ChristineEDeci@katyisd.org

What to wear: T-shirts and shorts, leotard and tights, or anything comfortable for dancing. Please wear tennis shoes or jazz shoes.

Theme days will be posted on www.crhscougarstars.org and will be given out on Monday, June 12.

Participant: _____ Age: _____ T-Shirt size: CS CM CL S M L XL

Food allergies: _____ School: _____ Grade (2017-2018): _____

Parent name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Payment: Cash: \$ _____ Check #: _____ Check Amount: \$ _____

Please include participant name on check memo

I, the undersigned, being the individual parent, or legally authorized guardian of _____ agree to hold Katy ISD, its Board of Trustees, Administration, Faculty, the CRHS Cougar Stars Dance Team Booster Club and/or its volunteers harmless from all liability for any injuries which my child may receive while participating in the Cougar Stars Summer Dance Clinic or facilities. I authorize the Director, supervisor, or district employee to secure medical services for my child and I accept responsibility for all cost.

Photography waiver: *By authorizing participation in this clinic, you are permitting your child's picture to be taken for the sole purpose of publicity including but not limited to the Cinco Ranch High School Dance Team's website, promotional flyers, posters, ads, mailers, and/or banners.*

Parent signature: _____ **Date:** _____

Sponsored by:



Cougar Star recruiter: _____