

CHS Cavalettes Dance Clinic

Join the Cuthbertson Dance Team for the **3rd Annual**
Small Stars Dance Clinic!

All Elementary Students (K-5th) are Welcome!

Saturday, January 12th, 2019
8:30 AM – 12:00 PM @ New Town
Elementary Gym
(Front Doors open at 8:15 am)

Hip Hop

Games

Jazz



Warm Up

Fun

Performance at 12 pm Invite Family and Friends
Cost for Clinic: \$30

*Includes T-shirt, Free Entrance to CHS Basketball Game &
Picture Opportunity with Cavalettes

**Registration Form & Payment on the Cuthbertson High
School website under Announcements**

Clinic participants will dance at halftime of Cuthbertson High's
home Varsity Basketball game on **Friday, January 18th** at 7 pm

For More Information, Contact Whitney Oswald whitney.oswald@ucps.k12.nc.us

Cuthbertson Cavalettes Small Stars Clinic Registration Form

January 12, 2019 - Saturday

8:30am – 12:00 pm (Front Doors open at 8:15 am); **Performance at 12 pm for Family & Friends
New Town Elementary School Gym
Students in Grades K-5
Cost \$30

Clinic Costs Include:

- Choreography to halftime dance;
- Small Stars t-shirt
- Free **student** entry with t-shirt & performance with the Cavalettes at the **Friday, January 18th, Cuthbertson Men's Varsity Basketball game at halftime (7 pm)**

What to Bring:

Sneakers and comfortable clothing to dance, long hair should be tied back
Snack & Water

Clinic:

Coach Whitney Oswald will be on site and the Cavalettes dancers will teach the dance to the students.

Payment (online):

Go to Cuthbertson Homepage <http://www.ucps.k12.nc.us/Domain/11>, Click on Quick Links – Online School Payments, then select [Small Stars Dance Clinic January 12th](#)

Turn in FORM (options include):

(1) Drop off form at Cuthbertson HS front office, (2) Mail form to the attention of **CAVALETTES DANCE** at Cuthbertson HS, 1400 Cuthbertson Rd, Waxhaw, NC 28173, or (3) Scan and Email form to whitney.oswald@ucps.k12.nc.us

Student Name _____ Grade _____
School _____
Address _____
Parent Name _____ Phone _____
Email _____

T-Shirt Size (circle) – Youth: S M L XL Adult: S

Waiver and Release (Must be filled out completely)

My son/daughter has permission to attend the Cavalettes Small Star Clinic. I certify that within the past year (365 days) he/she has had a physical examination and that he/she is physically able to participate in camp activities. In the event of illness and/or injury, I hereby give my consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment and order injections, anesthesia and/or surgery. I will be responsible for any/all medical or other charges in connection with my son's/daughter's attendance at clinic.

He/she is covered by:

Insurance Company _____

Policy Number _____

Are there any restrictions on your students' participation? Yes _____ No _____
(If yes please explain in detail on a separate sheet and attach.)

Release Form

Registering for the Cavalettes Small Star Clinic, I intend to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cavalettes Small Star Clinic, or its representatives, for any association with this camp, and which may arise out of my traveling to, participating in, or returning from the school.
