



Northville Middle School Dance Team
Prep Clinic Registration Form
April 20, 2018
4:15-6:15 in Meads Mill Gym

Hosted by: Northville HS Varsity Competitive Dance Team

Dancer Name: _____ Age _____

Grade and School 2018-19 season _____

Address: _____

Phone Number: _____ School: _____

Emergency Contact: _____

Phone: _____ Allergies: _____

Health Insurance: _____ Policy #: _____

Email: _____

I, _____, release Northville High School, its coaches and dancers from any liability that may occur during the NHS Varsity Dance Team "Dance Clinic" that my son/daughter, is participating in on April 20, 2018. My signature also authorizes the coach to obtain any emergency care that may become necessary during the course of the clinic.

Parent or Guardian Signature: _____ Date _____

*** Cost is \$25 per child.** Please fill out a separate registration form for each child participating

* Please make checks payable to **Northville High School** (memo: Dance Team Clinic)

Mail registration & payment to:

Pam Orlando
19022 Overlook Trail
Northville, MI 48168