CLINIC INFORMATION:

<u>Who:</u> Anyone in grades K-12 who loves to dance or is interested in drill team

Date's: Monday June 12- 15, 2017

Time: 8:00AM—2:00PM daily

On-site registration June 12: 7:15am-8:00am *Show offs for Parents on June 15th- 2:30pm

Where: Richland High School— Dance

Room (Meet in the parking across from the

practice football fields)

Wear: Tennis or dance shoes

Clothes that are easy to move in.

Cost: \$100.00; \$75 if you register by or

before May 31, 2017

If you have further questions, please contact

Mail or bring completed Registration Form and \$100.00 fee to :

RHS Dixie Belles C/o Mrs. Nicole Numa, Director 5201 Holiday Lane East North Richland Hills, TX 76180

Phone: 817-547-7504

COMING SOON! 2017 JR. DIXIE BELLE DANCE CAMP

Sponsored by: The Richland High School

Dixie Belle Drill Team

Directed by:

Mrs. Nicole Numa

What is included in the Camp?	
• Jr. Dixie Belle Camp T-Shirt	
• Daily dance warm-up and routine's	
 Arts and Crafts Games Pizza & Ice Cream Party Awards Ceremony Performance for Parents 	
• Games	
Pizza & Ice Cream Party	
Awards Ceremony	
A pizza party will be provided for Jr. Dixie Belles on day one. We will provide an ice	
Belles on day one. We will provide an ice	
cream social on day two. Light snacks and	
water will be provided daily. On day two	
through four please send your Jr. Dixie Belle	
with a sack lunch. Jr. Dixie Belles are to eat	
breakfast at home. We will have a perfor-	
mance and awards ceremony for parents on	
Thursday June 15, 2017	

REGISTRATION FORM

participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc	Address Phone T-Shirt Size (circle one): CS CM CS CM CS CM CL AS AM AL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Dance Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Parent/Guardian Address Phone In case of emergency, please contact: Name Phone Phone	Name	<u> </u>
Phone T-Shirt Size (circle one): CS CM CL AS AM AL AXL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Dance Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	Phone T-Shirt Size (circle one): CS CM CL AS AM AL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	Grade Age Cash	or Check#
T-Shirt Size (circle one): CS CM CL AS AM AL AXL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Dance Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	T-Shirt Size (circle one): CS CM CL AS AM AL AXL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	Address	
CS CM CL AS AM AL AXL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Dance Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	CS CM CL AS AM AL AXL I hereby give my permission for my child, participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	Phone	
participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	T-Shirt Size (circle one): CS CM CL AS AM AL	AXL
participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	participate in the Jr. Dixie Belle Dance Clinic. I hereby waive and release Birdville I.S.D., Richland High School, Mrs. Numa, and the Dixie Belle Danc Clinic Staff/Workers from any liability for injury or illness incurred while at the clinic. I give the staff permission to act on my behalf, according to their best judgment, in case of emergency. Parent Signature Date Parent/Guardian Printed Name Phone In case of emergency, please contact: Name Phone	I hereby give my permission for my o	
Parent/Guardian Printed Name Parent/Guardian Address Phone In case of emergency, please contact: Name Phone	Parent/Guardian Printed Name Parent/Guardian Address Phone In case of emergency, please contact: Name Phone	hereby waive and release Birdville I. High School, Mrs. Numa, and the Dir Clinic Staff/Workers from any liabili illness incurred while at the clinic. I permission to act on my behalf, according	ce Clinic. I S.D., Richland xie Belle Danc ty for injury or give the staff rding to their
Parent/Guardian Address Phone In case of emergency, please contact: Name Phone	Parent/Guardian Address Phone In case of emergency, please contact: Name Phone	Parent Signature	Date
Phone In case of emergency, please contact: Name Phone	Phone In case of emergency, please contact: Name Phone	Parent/Guardian Printed Name	
In case of emergency, please contact: Name Phone	In case of emergency, please contact: Name Phone	Parent/Guardian Address	
Name Phone	Name Phone	Phone	
Phone	Phone	In case of emergency, please contact:	
		Name	
Allergies/Special Notes:	Allergies/Special Notes:	Phone	
		Allergies/Special Notes:	
		· · · · · · · · · · · · · · · · · · ·	