

The LFHS Varsity Dance Team
invites you to attend a
FALL POM CLINIC
for 3rd-8th Grade Students
Friday, August 27, 2010



Learn a routine and perform it, along with our nationally-ranked dancers, at half-time of the varsity football game. Come help us cheer on the Scouts under the lights on varsity field! Lake Forest vs. Palatine

Fees: **\$40** for pre-registered dancers;
\$50 for walk-in registrations
(includes t-shirt & dinner)

LAST DAY TO PRE-REGISTER: August 20

What to wear:

black pants, athletic or dance
shoes and a big smile!

**Complete the attached registration
form and waiver and return to
Char Ash.**

SCHEDULE FOR CLINIC—West Campus Gym

Registration	4:45-5:00 pm
Learn Routine	5:00-6:15 pm
Dinner	6:15-6:45 pm
Practice/warm up:	6:45-7:15 pm
Game Starts—	7:30 pm; performance at 8:15 approx.

Questions??

**E-mail: Char Ash at cash@lfschools.net
Candice Davenport at
cdavenport@lfschools.net**

Registration forms also available at
<http://lfs.org/athletics/girls/pompons/index.html>

(In case of inclement weather there
will NOT be a performance.)

LAKE FOREST HIGH SCHOOL POM/DANCE CLINIC :

Mail to: Lake Forest High School
Athletic Department
Attn: Ms Char Ash
1285 N McKinley Road
Lake Forest IL 60045

\$40 for pre-registered participants
\$50 for walk-in registrations

Checks ONLY made payable to LFHS Fee _____

Program Date(s): Friday, August 27, 2010

Participant's Name _____

Program Level (please circle one) 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Participant's Name _____

Program Level (please circle one) 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Address _____

City, State, Zip _____

Phone (daytime & evening) _____ Cell Phone: _____

In case of emergency Name & Phone # _____ E-mail address _____

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest High School for any claims arising out of participation in said program(s).

Risk of Injury

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability

"I do hereby fully release and discharge the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize the Lake Forest High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary from my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement

Signature Required (I have read & agree with Liability Waiver)

Parent/Guardian or Adult Participant

Date

Office Use Only

Date _____

Amt _____

Check # _____

Cash _____

Visa/MC _____