



**The Clear Falls High School Emeralds Dance Team  
Proudly Presents their  
12<sup>th</sup> ANNUAL DANCE CLINIC**

Join the Emeralds for their Dance Clinic on Saturday, October 29<sup>th</sup>, 2022.  
Learn about dance technique from a Clear Falls Emerald Dancer!

**Ages 4 though 12<sup>th</sup> grade are invited to attend!  
No dance experience required – All levels are welcome!**

**Date:** Saturday, October 29<sup>th</sup>, 2022

**Time:** Check in begins at 1:30 pm, Clinic is 2:00 am- 5:30 pm, Showoffs are at 5:30 pm

**Location:** Clear Falls High School Gymnasium: 4380 Village Way, League City, TX 77573

**Cost:** \$45/pre-registration **OR** \$50/at the door

**\*\*\*Registration must be received by Wednesday, October 12<sup>th</sup>, 2022, to be guaranteed a T-shirt\*\*\***

**If you have questions or would like additional information, please send an email to:**

**[CFEmeraldsDanceClinic@gmail.com](mailto:CFEmeraldsDanceClinic@gmail.com)**

**Complete and return the reverse side of this form along with your payment to:**

Clear Falls Emeralds Booster Club, P.O. Box 191, Seabrook, TX 77586

**Sign-up is also available on our website at [www.clearfallsemeralds.com](http://www.clearfallsemeralds.com) using PayPal.**

***\*\*\*An email confirmation will be sent once your registration has been received.\*\*\****

***\*\*This event is a fundraiser for our organization; therefore, once your registration has been received, we are unable to offer refunds. Your support and understanding are appreciated.\*\****

**PLEASE PRINT:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone #: \_\_\_\_\_

T-Shirt Size: (T-shirt is only guaranteed if your registration is received by October 12<sup>th</sup>):

Child: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**PLEASE CHECK ONE:**

\_\_\_\_\_ \$45 Pre-register      OR      \_\_\_\_\_ \$50 Walk-in

Check # (Payable to CFEBC): \_\_\_\_\_ Cash: \_\_\_\_\_ PayPal: \_\_\_\_\_

**My Child:** \_\_\_\_\_ has my permission to participate in the dance clinic sponsored by the Clear Falls Emeralds Booster Club on Saturday, October 29<sup>th</sup>, 2022. I hereby waive and release Clear Falls High School, Clear Falls Emeralds, and the Clear falls Emeralds Booster Club from all liability for any injuries incurred during the dance clinic and give authority for any emergency treatment necessary.

**Parent/Guardian PRINTED Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact: (Please PRINT):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Our Booster Club sponsors a website, <http://www.clearfallsemeralds.com> & an Instagram, cfhs\_emeralds, which will post pictures from our dance clinic. We would like your permission to include your child's photographs on our website. The Booster Club webmaster will exercise discretion when selecting photos to display on the website/Instagram.

\_\_\_\_\_ I do give my permission      \_\_\_\_\_ I do not give my permission

**Parent/Guardian PRINTED Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_