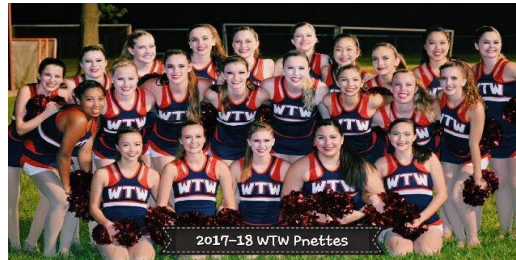


“BREAK IT DOWN 2018”

High School Dance Team Prep Clinic

Tuesdays 4:30-6:30

April 17th- May 15th



Designed for dancers in grades 7th – 11th to help prepare to be on a high school dance team or help build dance team skills and will also prepare you for our Precisionette Dance Team try-outs in May (date TBD).

**Clinic focus: Pom, Jazz, High Kick and Hip Hop styles
Dance team style technique (turns, leaps, jumps, tricks)**

**Taught by: Coach Caitlin Childress of the WTW Varsity Dance Team
Assistance from our graduating seniors**

Where: Woodson High School Dance Studio, Door 5

**This is a great opportunity to learn about the Precisionettes and ask us
questions before try outs!**

Bring your friends!

\$150/dancer

Contact Coach Caitlin with questions, CaitlinLee55@gmail.com, 703-762-6188

REGISTRATION FORM
Break it Down Dance Team Prep Clinic
Woodson High School

Dates: Tuesdays, April 17-May 15, 2018 (Apr 17, 24, May 1, 8, 15)

Time: 4:30pm - 6:30pm

Where: Woodson High School Dance Studio, Door 5
9525 Main Street, Fairfax, VA 22031-4099

Cost: \$150.00*

Due April 17th, first day of Break It Down Clinic

A \$25 fee will be charged for all returned checks

Please make checks payable to: Woodson High School Precisionettes

Dancer's Name: _____ Date of Birth: _____

Address: _____

Cell Phone: Dancer _____ Parent _____

Email: Dancer _____ Parent _____

Do you have any injuries, aches or pains? (Recent or old) Please describe:

Are there any other health concerns such as Asthma, Diabetes, or High Blood Pressure? Are you on any medications? Please describe:

Emergency Contact Name: _____

Phone (home and cell): _____

PARENT & STUDENT RELEASE: Dancing is a strenuous activity from which injuries could arise. Break It Down, the Instructors and Precisionettes are NOT LIABLE for personal injuries, loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform Instructor of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating. I have read and understand the studio policies, and I agree to the payment for this session.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Contact Coach Caitlin with questions, CaitlinLee55@gmail.com, 703-762-6188