

# *J'ette Fall Clinic and Dance/Cheer Revue*

**J'BOY HIP HOP Clinic:** for grades Pre-K through 8<sup>th</sup> grade

**Date:** Thursday, November 8, 2018

**Cost:** \$25.00 (includes Clinic and T-shirt)

**Time:** 5:00-7:30

\$15.00 each additional family member

7:30-7:45 – Parents watch routines

**Place:** **Jacksonville High School**

Clinic participants should wear a short outfit and gym shoes.

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**Evening Pom Revue:** This will include clinic participants, cheer, pom, and studio groups.

**Date:** FRIDAY, November 9, 2018

**Time:** 5:45 p.m. (participants should arrive by this time)

6:00 p.m. Performances begin.

**Place:** J.H.S. **Bowl**

**Cost for Revue: to be paid that evening at the Bowl**

Adult \$3.00

Student K-12<sup>th</sup> grade/Senior \$2.00

Clinic participants should wear:  
Clinic T-shirt  
Solid color shorts  
Gym/Jazz shoes

\_\_\_\_\_ Cut here and keep top \_\_\_\_\_

## **J'BOY HIP HOP CLINIC REGISTRATION**

Name \_\_\_\_\_ Cell Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent email \_\_\_\_\_

Shirt size (circle)

**Youth:** Small (6-8) Medium (10-12) Large (14-16) / **Adult:** Small Medium Large

Mail to: Tiffany Hickox  
12 Appomatox  
Jacksonville, IL 62650  
[thickox@jsd117.org](mailto:thickox@jsd117.org)

Registration Deadline:  
**November 2, 2018**

**Checks payable to Jacksonville J'ettes**  
Registration is **non-refundable**

We/I hereby release the Jacksonville School District #117 and all non-school facilities and their employees from all claims on account of injuries which may be sustained by our/my child while attending summer camp; and we/I agree to indemnify the Jacksonville School District #117 and all non-school facilities and their employees for any claim which may hereafter be presented by our/my child as a result of any such injuries. Furthermore, we/I certify that within the past year our/my child has had a physical examination and is physically able to participate in sports activities. In the vent of illness or injury, we/I hereby give consent for medical treatment and permission to the attending physician to hospitalize and secure proper treatment. Whenever possible, both parents must sign this release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_