

BUCCADEAR DRILL TEAM CLINIC

High School Auditorium

Saturday, January 10, 2015

9:00 AM-2:00 PM

Age: 4 yrs - 8<sup>th</sup> grade

What to wear: comfortable shorts, t-shirt, and tennis shoes

Show-off for parents: 2:00 PM-- high school auditorium



Early Registration Fee (on or before Jan. 8<sup>th</sup>): \$25 per child, sibling discount \$40 for two

Late Registration: Jan.8<sup>th</sup>-Jan 10<sup>th</sup>--\$35 per child; sibling discount \$60 for two

Registration at the door: (Begins at 8:30 AM) \$35 per child, sibling discount \$60 for two

**\*\*All Checks will be held until January 18<sup>th</sup>, 2015\*\***

Each participant will receive a clinic t-shirt and be allowed to perform at the EC Follies on **Monday, Jan. 19<sup>th</sup>**.

**Lunch:** Choice of corn dog or hamburger, chips and a drink. If your child's diet requires something other than what is being served or they would rather something else, please send a sack lunch marked with their name **in the morning**. Please don't bring food during lunch because group lunch times are staggered and it creates problems if your child's lunch time has passed.

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN IT WITH YOUR PAYMENT IN A SEALED ENVELOPE TO YOUR CHILD'S HOMEROOM TEACHER, or Principals Office **BY Jan 8<sup>th</sup>**.

Checks are payable to ECHS Drill Team..After Jan. 8<sup>th</sup>, late fees apply.

For more information, email either [Mayeux@eastchambers.net](mailto:Mayeux@eastchambers.net) or [MGarcia@eastchambers.net](mailto:MGarcia@eastchambers.net)

Name of participant: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Lunch: \_\_\_\_\_ Hamburger \_\_\_\_\_ Corn Dog \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Please List any food allergies: \_\_\_\_\_

Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Circle T-shirt size: Child Small Child Medium Child Large Adult Small Adult Medium Adult Large

Paid \$ \_\_\_\_\_ Pd Ck# \_\_\_\_\_

**Parent Must Sign Below:**

I allow my child to attend the Drill Team Clinic and I assume all liability for injuries or damages that may occur to my child as a result of her participation. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity that it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_