

Come join the National Award winning

# Klein Oak Strutters

for a morning of DANCE and an evening of  
Spectacular Performances!

## CLINIC INFORMATION

- Saturday, April 21st
- 9 am-12 pm (Doors open at 8:30 am)
- KOHS Commons
- PreK through 8th grade
- \$40 (includes dance clinic, performance T-shirt, entrance for participant and performance at Strutter Finale)
- Email registration form to Shelby Polansky at spolansky1@kleinisd.net or bring form to clinic

The Strutters will be performing all their contest pieces during Strutter Finale. All Future Strutter Clinic participants will be performing their dances that they learned during the clinic during Finale as well. They will need to be dropped off at the KOHS Commons at 6:30 pm. All performances will be in the Auditorium starting at 7:00 pm. Participants will be released to their parents directly after their performance, so they may sit with their parents and enjoy the rest of the Finale performances.

## WHAT TO WEAR

- Dance clothes or comfortable shorts / shirts.
- Hair should be tied back.
- No jewelry or valuables, please.
- Please write participant's name in ALL items.
- Performance: Clinic Tshirt, black leggings or shorts, dance or tennis shoes

## Future Strutter Dance Clinic Application

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
School Currently Attending \_\_\_\_\_  
Cash \_\_\_\_\_ / Check # \_\_\_\_\_

### Age or Grade Level (Circle one):

PreK-K      1st/2nd      3rd/4th/5th      6th/7th/8th

### Tshirt Size (Circle one):

Youth Small    Youth Medium    Youth Large    Youth XLarge  
Adult Small    Adult Medium    Adult Large    Adult XLarge

### **Release Statement**

My child \_\_\_\_\_, has my permission to attend the Strutter Pee Wee Clinic on April 21st at Klein Oak High, the Klein ISD, its employees, or the Klein Oak Strutters / Boosters will not be held responsible in the event of injury or accident. I also realize that refunds will not be issued after April 21st due to accident or serious illness. I request those in charge to contact me. If the person in charge is unable to reach me, I hereby authorize her to call the physician and the emergency contact listed below and follow given instructions. I also realize that my child will not be released to anyone but me unless other arrangements have been made.

Emergency contact \_\_\_\_\_

Phone # \_\_\_\_\_

Physician \_\_\_\_\_

Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Any known allergies: \_\_\_\_\_