

JMM VARSITY POMS DROP & SHOP MINI-CLINIC



*Saturday, December 8, 2018
3:00 p.m.*

Kids in grades K-8 are invited to spend the afternoon with the JMM Varsity Poms Team! Play games! Make crafts! Learn a routine! Perform at the Lady Spartans Basketball Game!

Where: JMM cafeteria for instruction, games, crafts — Main Gym for performance
When: Saturday, December 8th — Registration at 3:00 p.m. Game begins at 7:15 p.m.
Performance at halftime

Cost: \$50* registration fee includes instruction, poms, t-shirt, craft project, dinner (*\$45 for those with poms from a previous camp)

****Please have your child wear black sweatpants/dance pants/leggings & sneakers.****

Registration form and payment (check payable to JMM Varsity Poms) can be mailed or brought to clinic.

JMM Varsity Poms
c/o Bridgit Wissinger
7214 Gladstone Drive
Madison, WI 53719

Questions? Contact Bridgit at bridge711@hotmail.com

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Visit us at jmmpoms.wordpress.com



**JMM VARSITY POMS TEAM
2018 DROP & SHOP MINI-CLINIC REGISTRATION FORM**

Student's Name: _____

Grade: _____ School Attending: _____

Mailing Address: _____

Parent Email Address: _____

Emergency Contact's Name and Phone Number: _____

Any medical info we need to know, including dietary concerns? _____

Will your child require additional support or supervision? _____

In case of emergency, do you want us to seek medical care? YES NO (circle one)

If yes, Physician's Name: _____ Phone: _____

Does your child have pom-poms from a previous camp to use? YES NO

T-shirt size (circle one): YS YM YXL

COST: \$50 (\$45 if bringing pom-poms from a previous camp)

PLEASE MAKE CHECKS PAYABLE TO JMM VARSITY POMS

LIABILITY WAIVER: I am aware that participation in the JMM Varsity Poms Clinic has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the clinic, I, the parent/guardian, assume the risk of all injury and waive liability for the coaches, team members, and volunteers involved in running the clinic.

Parent/Guardian Signature Date

PHOTO RELEASE: I grant to JMM Poms, its adult representatives, and coaches the right to take photographs of my child in connection with the above-identified subject. I authorize JMM Poms, its assigns and transferees permission to lawfully use, re-use, publish, and re-publish, and otherwise reproduce, modify and display, in whole or in part, individually or in conjunction with other information, and in conjunction with any copyrighted matter said images of my child. I further understand that no remuneration or consideration for use will be received.

I have read the foregoing and fully understand the contents thereof.

Parent/Guardian Signature Date

Print Name