

Youth Dance Clinic and Performance Presented by the HUHS Dance Team



Clinic: Sunday February 10, 2019

HUHS Cafeteria: 1:00 p.m. – 4:00 p.m.

Half-Time Performance: Tuesday, February 12, 2019

Girls Game: Arrive 6:00 p.m. (Game Time 7:15 p.m)

WHO:

Students in grades Kindergarten through 8th Grade

LOCATION:

Hartford Union High School
805 Cedar Street

*Meet in the Main Lobby for Clinic and Performance

ATTIRE:

Clinic – Participants should wear t-shirt, leggings and tennis shoes – Hair should be pulled up and out of face

Performance Date – Participants should wear their HUHS Clinic T-Shirt (which they will receive that at the performance), black leggings, and tennis shoes – Hair should be in a ponytail

COST: \$30 (Includes a Dance T-shirt)

Participants must attend both dates. The clinic will consist of: warm up time, Pom routine instruction, snack break, and review times. Participants will receive free admission on game night!

***All participants must have a signed Parent and Athlete Concussion Agreement**

Registration Deadline: January 29

(No walk in participants will be allowed on clinic date)

Questions: Please Contact Head Coach Tammy Rolsma

Email: tammy.rolsma@huhs.org

Cell Phone: 262-689-7274

REGISTRATION FORM

NAME: _____ GRADE: _____

SCHOOL: _____

ADDRESS: _____

CITY: _____ ZIP: _____

T-SHIRT SIZE: YS YM YL AS AM AL

PARENTS NAMES: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

EMERGENCY CONTACT & PHONE: _____

***make all checks (nonrefundable) payable to: HUHS DANCE
Mail or Drop off at HUHS – Attention Tammy Rolsma HUHS
Dance**

2018-2019 PARENT & ATHLETE CONCUSSION AGREEMENT FOR HARTFORD UNION HIGH SCHOOL

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Questions and Contact Information

Name _____ Date _____
 Address _____
 City _____ Zip _____ County _____
 Phone _____ Email _____
 Age _____ School _____ School District _____

Check all that apply. I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey: Ice & Field |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Other _____ | | | |

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____
 Phone Number: _____
 Name: _____ Relationship: _____
 Phone Number: _____