Nicolet Dance Team Clinic

The Nicolet High School Varsity Dance Team welcomes you to our annual dance clinic! During this clinic, we will teach you a number of skills (turns, jumps, etc) as well as a routine that you will perform with the dance team at halftime during a Varsity basketball game in January. Over our lunch break during the clinic, we will also indulge in some fun cookie decorating for the holidays! Parents - consider this an opportunity for some holiday shopping! We hope to see you there!

*We will separate these further to teach accordingly by age.

Date: December 10
Day: Sunday
Time: 12:00 - 3:30pm
Location: Nicolet High School - Dance Studio (A113)
Grade: 1st - 8th*
Fee: $20.00R/$30.00NR
Program#: 212690-01
Min/Max: 15/30
Instructor: NHS Head Dance Team Coach Rachele Voigt & NHS Dance Team members

On-line registration: https://rec.nicolet.k12.wi.us
Registration Form

Nicolet Recreation
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

On-line registration: https://rec.nicolet.k12.wi.us

Household Information:  Date:__________________________  Alumni___

Name (person filling out form):________________________________________________________________

Address:___________________________________________________________________________________

City:__________________________________________ State:______ Zip:___________

Home Phone:________________________________Cell Phone:_____________________________________

E-mail Address:_____________________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may incur or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to exonerate and indemnify all agents, officers, employees, and/or volunteers of the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims, suits for injuries, damage or loss which my child may incur or may have or which may incur to him or her or his/her legal representative or anyone who may participate in this program. Further, as parent and/or legal guardian, I hereby agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages or losses sustained by me/my child and arising out of, connected with, or in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of all claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to 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.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

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.

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 coach 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 consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature____________________________________________________________  Date_______________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature _________________________________________________________

Name _____________________________________________________________

Sex __________  Birthdate __________  Grade __________  Program# ________  Program Name __________  Fee ________

Subtotal Fee:________

Less Reduced Fee:________

Total:________

Cash ___ Check ___ / #____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date ________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name____________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box