



Anaheim Bolts Jr. Dance Clinic

To reserve your spot, registration form, release waiver, and participant fee must be received by Wednesday, February 15, 2012 in order to avoid any late fees. Please send items to:

Anaheim Bolts
Attn: Jr. Dance Clinic
800 W Katella Ave
Anaheim, Ca 92802

Please make checks payable to Anaheim Bolts
Payment also accepted online at www.boltsoccer.com

JR. DANCER INFORMATION – PLEASE PRINT

Jr. Dancer Name: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Jr. Dancer Home Phone: _____

Parent/Guardian Cell #: _____

Jr. Dancer Age: _____ Suggested Dance Level: _____

Dance Levels (No Dance Experience Required)

Beginning: Suggested age 6-9 years; new to dance, fun routine, no technical elements

Intermediate: Suggested age 10-13 years; single or double turns, kicks, uses ' & ' counts well

Advanced: Suggested age 14-18 years; double turns, strong jazz/hip-hop, quicker pace

**Age groups are suggested. Younger ages may participate in the Intermediate or Advanced group. Dance team members reserve the right to move dancer between levels on clinic date.*

Jr. Dancer will provide and wear black dance pants and tennis shoes (any color) with performance tank top for halftime performance.

REGISTRATION FORM AND PARTICIPANT FEE ARE DUE BY WEDNESDAY, FEB. 15 TO AVOID ANY LATE FEES!

Upon receipt of your registration form and participant fee, you will receive a confirmation email.



**Anaheim Bolts Jr. Dance Clinic
General Release Waiver**

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby release and hold harmless the Anaheim Bolts, Anaheim Convention Center, the Professional Arena Soccer League and it's Member Teams, and the owner(s) of the aforementioned teams and their respective agents, owners, officers, directors, employees, contractors, successors and/or assigns from and against any and all claims, causes of action, or demands relating to or arising out of my participation in the 2011-2012 Anaheim Bolts Jr. Dance Clinic.

I expressly assume all risk of injury (including permanent disability and death) arising out of my performance, howsoever caused or arising and accept personal responsibility for the damages following such injury, permanent disability or death.

I grant full permission to the Anaheim Bolts and the PASL with no obligation of compensation, to use any photographs, videotapes, motion pictures, recordings or other record of my participation.

I acknowledge that I have read and fully understand the foregoing.

BY PARENT/GUARDIAN:

Printed Name

Date

Signature

Jr. Dancer Name – Please Print

Age