

MARK YOUR CALENDAR'S NOW!



Attend the
POM/DANCE FALL CLINIC!
Thursday, September 17, 2009
West Campus Gyms
And then

Perform your routine between the sophomore and varsity football games
Under the lights at the Varsity Field—West Campus
LAKE FOREST vs. STEVENSON

**Sponsored by the Nationally-Ranked LFHS Pom Squad
For 3rd – 8th Grade Students**

**Fees: \$45 for pre-registered dancers; \$50 for at-the-door registration
(includes team shirt, ribbons & dinner)**

LAST DAY TO PRE-REGISTER: September 11

SCHEDULE:

| | |
|-----------------------------|---|
| Registration: | 4:15 - 4:30 pm |
| Learn Routine: | 4:30 - 5:45 pm |
| Dinner: | 5:45 - 6:15 pm |
| Practice Routine/Get ready: | 6:15 - 7:00 pm |
| Performance | Approximately 7:00—7:15 pm (after Soph. game) |

What to wear: black pants, athletic or dance shoes and a big smile!!!!!!

Questions?? E-mail: Char Ash at cash@lfschools.net or Candice Davenport at cdavenport@lfschools.net.
Registration form also available at: <http://lfs.org/athletics/girls/pompons/index.html>

(In case of inclement weather there will NOT be a performance between games.)

Complete the attached registration form and waiver and return to Char Ash.

LAKE FOREST HIGH SCHOOL POM/DANCE CLINIC :

Mail to: Lake Forest High School
Athletic Department
Attn: Ms Char Ash
1285 N McKinley Road
Lake Forest IL 60045

\$45 for pre-registered participants
\$50 for at-the-door registration

Checks ONLY made payable to LFHS Fee _____

Program Date(s): Thursday, September 17, 2009

Participant's Name _____

Program Level (please circle one) 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Participant's Name _____

Program Level (please circle one) 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Address _____

City, State, Zip _____

Phone (daytime & evening) _____ Cell Phone: _____

In case of emergency Name & Phone # _____ E-mail address _____

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest High School for any claims arising out of participation in said program(s).

Risk of Injury

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability

"I do hereby fully release and discharge the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize the Lake Forest High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary from my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement

Signature Required (I have read & agree with Liability Waiver)

Parent/Guardian or Adult Participant

Date

Office Use Only

Date _____

Amt _____

Check # _____

Cash _____

Visa/MC _____