

*Rouse HS
Royal Dance Team*

*Mini-Royals Clinic
Mini-Royals Football Game
Ages: Kinder-5th Grade*

Dance with the Royals!
Mini-Royal Clinic and Mini-Royal Football Game

<p>Option 1: Clinic and Football Game Cost: \$55 Includes: Mini-Royal T-shirt, gold poms, picture with Royal, CD, and Snack at clinic. Also, includes Victory Lines, Stand Routines, and Half time performance with Royals on Friday, Oct. 12th!!</p>	<p>Option 2: Clinic Only Cost: \$30 Includes: Mini-Royal t-shirt, gold poms, CD, and Snack at Clinic</p>	<p>Option 3: Football Game Only Cost: \$30 (Mini-Guards-\$40) Includes: Mini-Royal t-shirt, gold poms, picture with Royal; Also includes Victory Lines and Stand Routines with Royals (will not be able to dance at halftime)</p>
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****ALL LISD EMPLOYEES RECEIVE A \$5 DISCOUNT!!**

<p>Clinic Information: When: Saturday, October 6th, 2012 Where: Rouse HS Dance Studio Time: 9 a.m.-12 p.m. Showoffs from 12-12:30 p.m. Attire: Comfortable Clothes for dancing</p>	<p>Football Game Information: When: Friday, October 12th, 2012 Where: Bible Stadium Time: Meet at the gates at 6:15 p.m. Parents need to pick up their child after half time Attire: Mini-Royal T-shirt, black shorts, tennis shoes</p>
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Registration forms due: Thursday, September 20th

Walk-ins and late registration welcome at an additional \$5 charge. Walk-ins please arrive 30 minutes prior to the start time to process registration

Please mail this half of the completed registration form with check payable to:
RHS Royals Booster, by Thursday, September 20th

To: **RHS Royals Booster ~ P.O. Box 414 ~ Cedar Park, TX ~ 78630-3484**
Please include driver's license number and phone number on all checks.
(There will be a \$30 fee for all returned checks)

Mini-Royal's Name: _____ Age: _____ Grade: _____
Address: _____ School: _____
Emergency Contact: _____ Phone: _____
Email: _____ (you will receive a reminder the week of clinic)

Please circle T-shirt Size:

Youth: Small(6-8) Medium(10-12) Large (14-16)
Adult: Small Medium Large XLarge

(Walk-ins or late registrations may not receive their t-shirts the day of the clinic)

Waiver of Claims: "I hereby release any claim I might have against Leander Independent School District, or any of its agents, which might arise from an injury or other damage my child may incur while on the property of LISD or while participating in any activity sponsored by LISD."

Date: _____ Signature: _____

"Approval of distribution of these materials is in no way an endorsement of such services, activities, and/or products by the Leander Independent School District."