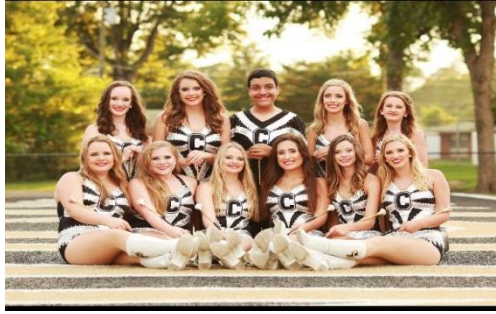


✂ Majorette Clinic ✂

Sponsored by Calhoun Community Education Program



The 3-Time National Champion Majorettes will conduct a one-day clinic focused on rudiments, fundamentals, marching, and twirling 1, 2, & 3 batons.

WHERE: CHS Main Gym

WHO: Ages 3-15

WHEN: Sat., March 18th

COST: \$25 per Child (Add \$10 for late registration)

TIME: 9:00am - Noon

Registration Deadline: Thurs. March 16th

Note: Camper must bring baton. Batons and wrap will be available for purchase.

Register on-line at www.mypaymentsplus.com or at 380 Barrett Rd (Community Education Office).
Questions should be directed to 706-629-2900.

Note: Join Remind Messaging by texting @ccsccce to 81010

| | | | |
|---------------|--------------------|---------------|-----------------|
| Child's Name | Child's Age/ Grade | Home Phone | Emergency Phone |
| | | | |
| Mother's Name | Mother's Cell | Father's Name | Father's Cell |
| | | | |
| Email Address | Any Allergies | | |
| | | | |

I /we agree to indemnify, defend and save harmless The Calhoun City Schools, its elected and appointed officials, officers, employees, agents and volunteers (to include all employees, agents and volunteers of the Calhoun City School System from any and all claims arising from my/our child's participation in any sports activity and related activity conducted under the control of the Calhoun City Schools Community Education Department. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claim.

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation is my responsibility.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only: Date Pd _____ Amount \$ _____ Employee Initials: _____
 Credit Card _____ Check _____ Cash _____