



# KNIGHT KOMPANY DANCERS

**What:** 2020 Knight Kompany Dancers Winter Dance Clinic

**Who:** For Girls and Boys Grades PreK-8 (Fall 2019)

**Where:** Assumption High School Cafeteria

**When:** Thursday, January 30, 2020

**Time:** Starts 4 p.m. // Ends 7 p.m. (check-in at 3:45 p.m.)

**Performance:** Friday, Jan. 31, at halftime of the Assumption Varsity Boys Basketball game vs. Muscatine (approximately 8 p.m.) Dancers arrive at 7:15 p.m. and meet in the AHS Cafeteria.

**Cost:** \$35 includes KKD T-shirt

**Deadline:** Tuesday, Jan. 21, to guarantee T-shirt. Walk-ins are welcome on Jan. 30, however, they are not guaranteed a T-shirt.

**Payment:** make checks payable to: AHS KKD

**Contact:** Head Coach Hailey Broer at: [broerhailey@gmail.com](mailto:broerhailey@gmail.com)



Please detach registration form and mail to: Assumption HS, Hailey Broer, 1020 W. Central Park Ave., Davenport, IA 52804

## 2020 Assumption KKD Winter Dance Clinic Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt Size (circle one):    YS    YM    YL    AS    AM    AL    AXL

Medical Concerns (including allergies) \_\_\_\_\_

We (I) hereby request that you accept the application for enrollment of \_\_\_\_\_ in the Assumption KKD Clinic during the dates set forth. In consideration of your acceptance of the application, we (I) (whether one or more) hereby release Assumption High School and its employees from all claims on account of any injuries which may be sustained by our (my) son/daughter while attending the Assumption KKD Clinic; and we (I) agree to indemnify and hold harmless Assumption High School and its employees of any claim which may hereafter be presented by our (my) minor son/daughter as a result of such injuries.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_