



2019 Junior Jayette Back to Banks Clinic

- Who:** Girls 1st through 7th grade
- When:** Thursday, March 14, 2019 from 3:30pm-6:30pm
The girls will learn a routine that will be performed at the Back to Banks Bazaar on Saturday March 23rd. **We will not be accepting registration at the door!**
- Where:** Clinic: Jesuit High School Gymnasium – 4133 Banks Street, New Orleans
Performance: Jesuit High School Courtyard
- Cost:** \$40 includes: T-shirt, photo with a Jayette, snack and water for clinic
\$30 for those who have the Junior Jayette bow t-shirt



What to wear: Comfortable gym attire with black shorts/pants and tennis or dance shoes

We will only be accepting the first 80 participants due to lack of performance space



Please check one box:

- My child will participate in both the clinic and the performance
- My child will only participate in the clinic

Dancer's Name _____ Age _____ Grade _____

School Currently Attending _____

T-Shirt Size (circle one) **YS** **YM** **YL** **AS** **AM** **AL** **I already have a shirt**

Parent/Guardian Name _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

Jayette Buddy Request _____ Requests will be considered, but are not guaranteed.

Insurance Policy Number _____

Please attach a list of any allergies or medical conditions

For any questions contact Coach Chloe': crosby@jesuitnola.org

Liability and Release: I request that Jesuit High School allow _____ (Participant's first and last name) to participate in the Jesuit Jayette Junior Clinic and performance on March 23, 2019. I release Jesuit High School, the club moderators, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators/chaperones to seek medical care as needed for my daughter if I cannot be contacted. Additionally, I authorize the use of my daughter's photos for the purpose of publicity and marketing materials and on the Jesuit High School website.

Parent/Guardian Signature (required) _____

Due to limited registration, all registration forms must be scanned and turned in via email to crosby@jesuitnola.org. We will not be accepting forms that are dropped off at Jesuit High School. Clinic payment in forms of cash and/or check will be collected upon registration the morning of the clinic. All checks should be made out to **Jesuit High School**.