

## 2019 JESUIT JAYETTE JUNIOR BACK TO BANKS CLINIC

Perform with the Jesuit Jayettes at the Bazaar!

### WHO:

Girls 1st through 7th grade

### WHEN:

Clinic– Thursday, March 14, 2019

3:30pm-6:30pm

Performance– Saturday, March 23, 2019

12pm at the Jesuit Back to Banks Bazaar

### WHERE:

Clinic– Jesuit High School Gym

Bazaar Performance– Jesuit High School Courtyard



# JESUIT

*Jayettes*

### COST:

\$40 includes T-shirt, photo with a Jayette, snacks with water

\$30 for participants who own a Junior Jayette bow t-shirt

### WHAT TO WEAR :

Wear comfortable gym attire and tennis shoes to the clinic. Specific performance day instructions will be given at the clinic.



### WHAT WILL WE DO?

Girls will be grouped according to age and will learn a dance that will be performed at the Jesuit Back to Banks Bazaar.

### JUNIOR JAYETTE CLINIC

For questions contact  
Coach Chloe' Crosby:  
[Crosby@jesuitnola.org](mailto:Crosby@jesuitnola.org)



# 2019 Junior Jayette Back to Banks Clinic

**Who:** Girls 1<sup>st</sup> through 7<sup>th</sup> 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 23<sup>rd</sup>. **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](mailto: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](mailto: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**.