

# *Salado Christmas Parade* Thursday, December 1st



*featuring the 2016  
Central Texas  
Honor Dance Team*

All of the dance teams in Central Texas have the opportunity to be represented. You can send your officers, social officers, top performers or your entire team to dance in this special performance, Thursday, December 1st at 5:00pm.

Cost is \$30 per performer. This includes the parade routine, rehearsal, refreshments, a Central Texas Honor Dance Team patch, and a long-sleeved performance top that they will wear in the parade and get to keep. The students will also be issued a sequined Santa hat and poms to use for their performance (these items will need to be returned after the parade).

Deadline for registration is Monday, November 7, 2016. By that time, we will need the names and shirt sizes so that orders can be made and received in time for the parade. Your school can be invoiced for their fees or they can pay individually.

The parade routine will be accessed on our web site ([www.DanceADTS.com/saladoparade.htm](http://www.DanceADTS.com/saladoparade.htm)). The music of a Christmas theme will be provided with your notes and parade routine. Please make sure that all of your participating team members learn the parade routine before the parade. We will only have the time to review a couple of times before the parade begins. Each team will be asked to wear their black jazz pants, black jazz shoes or blocs, black leotard and possibly a white turtleneck and gloves if it is cold.

Meeting time will be at 4:00pm on December 1<sup>st</sup>, on Center Circle off of Royal Street, so that everyone can be placed in ranks and files and rehearse the parade routine. Parade time will be at 5:00pm on Main Street in Salado.

Refreshments will be served to participants following the parade. There will not be any other rehearsals for the parade other than that day. Please make sure that you know the routine before arriving. It will not be re-taught in Salado.

For more information about the parade and performance, please contact the American office at [brittany@danceadts.com](mailto:brittany@danceadts.com) or 254/947-0613.



# Salado Christmas Parade Registration

December 1st, 2016

Complete and fax back to American Dance/Drill Team at 254-947-3040, or scan and email to brittany@danceadts.com, no later than, **Monday, November 7th, 2016**. Your school can be invoiced for the fees or you can collect money from the individuals. Please be sure to provide all of the student's names and sweatshirt sizes.

School Name \_\_\_\_\_ Team Name \_\_\_\_\_

Director Name \_\_\_\_\_ Email \_\_\_\_\_

I will have # \_\_\_\_\_ participants in the Salado Christmas Parade (December 1<sup>st</sup>, 2016)

**Name**

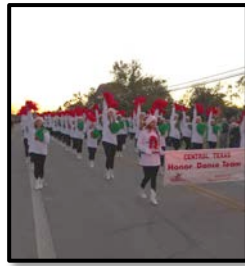
**Performance Top Size**

Name	Performance Top Size

**Total # of performers = \_\_\_\_\_ x \$30 = \$ \_\_\_\_\_**

- Please invoice my school
- I will be sending individual checks (checks payable to American Drill Team)

**Fax this form to 254/947-3040 or scan/email to brittany@danceadts.com by Mon, Nov 7<sup>th</sup>**  
**Mail payment to ADTS, P.O. Box 1189, Salado, TX 76571**



**Name Must Be Printed On First Line Below – Even for Minors**

## **WAIVER AND MEDICAL RELEASE**

I, \_\_\_\_\_ (participant name), wish to voluntarily participate in various dance performances and entertainment activities, with American Dance/Drill Team, in addition to other such activities held in conjunction with or considered a part of such activities and uses (all collectively referred to herein as the “Activities”), realizing that injuries and accidents sometimes result. **In consideration of the opportunity to participate in the Activities with American Dance/Drill Team, I, on behalf of myself, my parents and my family, and all of our agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the “Waiving Parties”), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless American Dance/Drill Team, Davis, Dreibrodt & Felder, Inc, and/or all of their present and future officers, directors, members, managers, partners, employees, shareholders, stakeholders, agents, representatives, corporate affiliates, instructors, successors and assigns, other participants, owners and lessors of any premises used to conduct the Activities with American Dance/Drill Team, and any of its affiliates and subsidiaries jointly and severally (all collectively referred to herein as the “Releasees”) from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether known or unknown, accrued or contingent, that the undersigned may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence of Releasees or otherwise.** I further authorize Releasees to obtain emergency medical treatment for me, including, if necessary, surgical procedures, if I am injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact a parent or legal guardian. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances. With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of above: \_\_\_\_\_

Emergency Phone

Number and Comments: \_\_\_\_\_

\_\_\_\_\_

### **FOR PARTICIPANTS UNDER AGE 18**

This is to certify that I, as parent or guardian with legal responsibility for the above participant, do hereby expressly consent and agree, on behalf of myself and all the above Waiving Parties, to my minor child’s WAIVER AND MEDICAL RELEASE as provided above for all the Releasees of and from any and all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether now known or unknown, accrued or contingent, with respect to any matter pertaining to or arising out of my child’s participation in the Activities, including any medical treatment obtained by the Releasees on my child’s behalf for injuries arising out of my child’s participation in the Activities, whether caused by or alleged to have been caused by, in whole or in part, the negligence of Releasees. I further authorize Releasees to obtain emergency medical treatment for my child, including, if necessary, surgical procedures, if my child is injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone Number

And Comments: \_\_\_\_\_