*Bastrop High School HoneyBears*

***Future HoneyBear Cub Clinic***

******

**When:** September 30, 2017

**Where:** Bastrop High School

**Time:** 9:00 am – 1:30 pm**(Registration:** 8:30 am**)**

***Family and Friends Invited for a performance promptly at 1:00 pm***

**For Ages:** 3yrs (must be potty trained) to 9th grade

**Cost**: $35.00 *(Includes T-Shirt, pizza, dance, arts & crafts and games)*

Late registration (after September 25th) & walk-ins $45.00 (T-shirt size may not be available)

**Dress**: Comfortable Clothing for Dancing

**Clinic Participants will perform with the HoneyBears at the BHS Football Game at Memorial Stadium on Friday, October 6th**

(You will receive detailed information about the performance at the cub clinic.)

\*If there is inclement weather and the performance is cancelled, the performance cannot/will not be rescheduled. \*

Please return completed bottom half of the registration form to Bastrop High School or mail in by

**Monday, September 25th**

with check payable to BHS HoneyBears Booster Club

**BHS HoneyBears**

**1614 Chambers Street Bastrop, TX 78602**

Attn: Ashley Trevino

Please include driver’s license and child’s name on check.

For any questions contact HoneyBear Director Ashley Trevino, atrevino1@bisdtx.org or visit the HoneyBear website.

--------------------------------------------------------------------------------------------------------------------------------------------------------

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle T-Shirt Size:**

**Youth S** ~ 6-8 **Youth** **M** ~ 10-12 **Youth** **L** ~ 14-16

**Adult S** **Adult** **M** **Adult** **L** **Adult** **XL**

*Waiver of Claims: “I hereby release any claim I might have against Bastrop Independent School District, or any of its agents, which might arise from an injury or other damage my child may incur while on the property of BISD or while participating in any activity sponsored by BISD.”*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Bastrop High School HoneyBears*

***Presenta minicampamento de baile***

 ***Cuando:*** 30 de septiembre del 2017

***Donde:*** Bastrop High School

***Hora:*** 9:00 am –1:30 pm (Registro: 8:30 am)

***Familias y amigos están invitados a una presentación al final del dîa (1:00pm)***

 **Por edades:** Niños de 3 años (entrenados irse solo al baño) al grado 9

**Costo**: $35.00 *(Incluye camiseta, pizza, baile, manualidades y juegos)*

Inscripción después de septiembre 25 y el día del minicampamento $45.00 (tallas de camisetas serán limitadas)

*Usar ropa cómoda y aproriada para bailar*

**Participantes del campamento se presentaran con los HoneyBears en el partido de futbol Americano en el estadio Memorial viernes, el 6 de septiembre.**

(Recibirán todos los detalles de las presentaciones en el minicampamento)

**\*Si hay tiempo inclemente y el rendimiento se cancela, el rendimiento no puedo/no sera reprogramado.\***

Favor de regresar la forma de inscripción a Bastrop High School o mandar por correo antes del **25 de septiembre** a cheques a nombre de BHS HoneyBears Booster Club

**BHS HoneyBears**

**1614 Chambers Street Bastrop, TX 78602**

Attn: Ashley Trevino

Incluir # de licencia y nombre del participante en el cheque.

Si tiene preguntas, favor de comunicarse coon la Directora de los HoneyBears, Ashley Trevino, atrevino1@bisdtx.org o visite al sitio web.

--------------------------------------------------------------------------------------------------------------------------------------------------------

Nombre de Participante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_\_\_

Nombre de Padres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correo Electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Código Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_

Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacto de Emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marcar Tamaño de Camiseta:**

**Juvenil S** ~ 6-8 **Juvenil** **M** ~ 10-12 **Juvenil** **L** ~ 14-16

**Adulto S** **Adulto** **M** **Adulto** **L** **Adulto** **XL**

*No Exigir Demanda: “Cedero toda demanda que fuera possible de venir contra Bastrop Independent School District, o cualquiera de sus agents, que pudiera resultar en una herida o perjudicar a mi hijo/hija que pudiera ocurrier mientras se encuente participando en cualquier actividad partrocindo por BISD.”*

*Firma:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *Fecha:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***