



2014 Jesuit Jayette Junior
Football Clinic

Who: Girls 1st thru 7th grade

When: Clinic: Saturday, October 25, 2014 from 1:00pm-4:00pm
Halftime Performance: Friday, November 7, 2014 at Jesuit Football Game

Where: Clinic: Jesuit High School Gymnasium
Performance: Tad Gormley Stadium

Cost: \$40 includes: T-shirt, game day photo, ribbon, snacks and water for clinic

What to wear: Comfortable gym attire with tennis shoes



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 _____

Address _____ City _____ State _____ Zip _____

School Currently Attending _____

T-Shirt Size (circle one) YS YM YL AS AM AL

Parent/Guardian Name _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

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

Please list any allergies or medical conditions:

For any questions contact Coach Chloe': crosby@jesuitnola.org or 985-210-6395

Liability and Release: I request that Jesuit High School allow _____ (Participant's first and last name) to participate in the Jesuit Jayette Junior Clinic on Oct 25th, 2014 and performance on Nov 7, 2014. 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) _____

Please make checks payable to **Jesuit High School**, return registration form with copy of medical insurance card **by October 21st**. Mail to:

Jesuit Jayette Junior Clinic attn. Chloe' Crosby
4133 Banks Street
New Orleans, LA 70119