# CHS Student Council Presents

The Fourth Annual

# Clifton Kicks Cancer Showcase

## WHAT:

Fundraiser for Senior Scholarship(s) and St. Jude's Children's Hospital

## WHO:

Anyone with a "kick-able" routine (dancers, majorettes, cheerleaders, martial arts, people looking to have fun, comedians, singers, entertainers)

## WHERE:

Clifton High School's JFK Auditorium

#### WHEN:

Friday, March 29, 2019 6:30 pm

## **ADDITIONAL INFO:**

\*All "acts" must present their information to Ms. Gaccione (CHS E-214) no later than Friday, March 8<sup>th</sup>, 2019 (see attached forms)\*

\*Admission to the event is a \$5 donation per person\*

\*ALL PROCEEDS ARE DONATED TO ST. JUDE'S CHILDREN'S RESEARCH
HOPSITAL AND A SENIOR SCHOLARSHIP AWARD!!!\*

\*HAVE FUN, SUPPORT OUR SCHOOLS, LOVE OUR KIDS!\* -\*~\*~\*~\*~\*~\*~\*~\*

\*\*The basis of this event is to showcase some "kicks" – whether through a kick-line segment in a dance performance, or through some impressive martial arts kicks, or through some good, old-fashioned fun. Our goal is to impress AND entertain, so bring your best performance forward! Small group, large group, and solo acts are permitted. Must be a Clifton Public Schools student OR faculty member to participate. A formal rehearsal for the event will occur on Thursday, March 28, 2019 in the CHS auditorium immediately after school.\*\*

In order to have your act included in the FOURTH ANNUAL CLIFTON KICKS CANCER event, you must submit the following information to MS. GACCIONE, CHS EAST WING, NO LATER THAN FRIDAY, MARCH, 8, 2019: a permission slip for all participating students (regardless of grade/school), an agreement form for each act, a full list of all participating members of your group, song selection (if necessary), costume/wardrobe selection, and routine checklist. This will ensure the best possible performance for everyone.

Group Leader Name:				Contact Cell Phone:		
Contact Email:				Performance Type:		
Song Choice:			War	Wardrobe Selection:		
	School	Full Name	ID # (if applicable)	Grade (or position if Faculty/Staff)	Years of experience in performance field	

SCHOOL	ruii ivanie	(if applicable)	Faculty/Staff)	experience in performance field

#### CLIFTON HIGH SCHOOL PERMISSION SLIP FOR EXTRA-CURRICULAR EVENTS

I hereby grant permission for my child to participate in the CHS Student Council's Clifton Kicks Cancer Performance Showcase on <b>Friday</b> , <b>March 29, 2019</b> .							
In consideration for permitting my child to participate in this extracurricular event, I hereby release and forever discharge the Clifton Board of Education, its employees, and agents from any and all lability, suits, damages, claims, and demands, if any, arising from said extracurricular trip/activity.							
In the event of an unanticipated and untoward occurrence, this permission slip will also authorize the school staff members in charge of the event to secure any needed medical care until I can be contacted.							
It is further understood that it is the student's responsibility to follow proper school code as outlined in the 2018-2019 Student Handbook(s).							
No child will be permitted to participate in this event if this is not filled out by the parent or guardian and returned to Ms. Gaccione, CHS E-WING, by <b>Friday, March 8, 2019</b> .							
X If this is checked, there are special instructions that are being sent home with this form. You may keep those instructions.							
Pupil's Name							
Pupil's Signature:							
Parent/Guardian's Name:							
Parent/Guardian's Signature:							
Date Signed:							
Parent's Phone Number and Address During the Event:							

# CLIFTON HIGH SCHOOL Performance Agreement

I,	, hereby certify that all material presented during the			
CHS Student Council Clifton Kicks Cancer Per	rformance Showcase is original to me and my group.			
All music, choreography, and general content	is geared toward a family audience, is deemed school			
appropriate, and has been approved by the ad	lviser/administrator in charge of the event. There will			
not be any material presented during the final performance that has not been pre-approved during				
the trial and rehearsal period. I certify that all	information presented below is accurate to the best of			
my knowledge.				
Group Name (if applicable):				
Performance type:				
Musical Selection:				
General Choreographer:				
Student/Participant (Printed)	Student/Participant (Signed)			
Parent/Guardian (Printed, if necessary)	Parent/Guardian (Signed, if necessary)			
Adviser (Printed)	Adviser (Signed)			

#### Clifton Kicks Cancer, 2019

#### **Performance Requirements**

Please fill out the following check list to ensure your routine meets the showcase requirements, and submit this form with the remainder of your paperwork to Ms. Gaccione, CHS E-Wing.

Group	Member(s) Names:					
Routine	e Type:					
*	My group's routine contains ori	Yes	No			
*	My group's routine is between	Yes	No			
*	My group's music is school/far	Yes	No			
*	My group's music is cut seamle	Yes	No			
*	My group's outfits/costumes wi	Yes	No			
*	Each member of my group will	Yes	No			
*	My group's routine is geared to	Yes	No			
*	My group's routine requires sp		Yes	No		
	If yes, please explain the props needed and how they will be used:					
*	My group's routine requires the	Yes	No			
	★ My group's routine requires the use of mats on stage: If yes, please explain the mats needed and how they will be used:					
*	My group requires on-stage "sp	Yes	No			
	If yes, please explain the assistance needed and how it will be used:					
			_			
	The above routine has been approved:  Yes No					
		Adviser Signature:				
Date:						