FIFTH ANNUAL CLIFTON KICKS CANCER!

WHAT:
Fundraiser for Senior Scholarship(s) and St. Jude’s Children’s Hospital

Who:
Singers, Dancers, and Entertainers

Where:
Clifton High School’s JFK Auditorium

When:
Friday, January 24, 2020 @ 6:30pm

Admission:
$5 per person
The Fifth Annual
Clifton Kicks Cancer

**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, January 24, 2020
6:30 pm

**Additional info:**
*All “acts” must present their information to Ms. Gaccione (CHS S-316) no later than Friday, January 10th, 2020 (see attached forms)*

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

*ALL PROCEEDS ARE DONATED TO ST. JUDE’S CHILDREN’S RESEARCH HOSPITAL AND A SENIOR SCHOLARSHIP AWARD!!!* *

*HAVE FUN, SUPPORT OUR SCHOOLS, LOVE OUR KIDS!*  
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**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, January 23, 2020 in the CHS auditorium immediately after school.**
In order to have your act included in the FIFTH ANNUAL CLIFTON KICKS CANCER event, you must submit the following information to MS. GACCIONE, CHS SOUTH WING, NO LATER THAN FRIDAY, JANUARY 10, 2020: 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: ______________________________________  Wardrobe Selection: _________________________________

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<tr>
<th>School</th>
<th>Full Name</th>
<th>ID # (if applicable)</th>
<th>Grade (or position if Faculty/Staff)</th>
<th>Years of experience in performance field</th>
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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 Friday, January 24, 2020.

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 liability, 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 2019-2020 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 S-WING, by Friday, January 10, 2020.

___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 Performance 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 adviser/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, 2020

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 S-Wing.

Group Member(s) Names: ____________________________________________________________

Routine Type: ________________________________________________________________

❖ My group’s routine contains original choreography: _____ Yes _____ No
❖ My group’s routine is between 1:30 and 3:00 minutes in length: _____ Yes _____ No
❖ My group’s music is school/family appropriate: _____ Yes _____ No
❖ My group’s music is cut seamlessly to fit the appropriate routine length: _____ Yes _____ No
❖ My group’s outfits/costumes will be coordinated, matching, and appropriate: _____ Yes _____ No
❖ Each member of my group will have appropriate footwear for the routine: _____ Yes _____ No
❖ My group’s routine is geared toward audience viewing: _____ Yes _____ No
❖ My group’s routine requires specific props: _____ Yes _____ No

If yes, please explain the props needed and how they will be used:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

❖ My group’s routine requires the use of mats on stage: _____ Yes _____ No

If yes, please explain the mats needed and how they will be used:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

❖ My group requires on-stage “spots” to ensure safety: _____ 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: ___________________________