

# Glockick Lil' Rockstars

Instructor: Corrie Allan

**Ages:** 3-8 year olds

**Dates:** Nov. 29, Dec. 4, 6, 11, and 13th

**Days:** Tuesdays and Thursdays

**Time:** 5:30

**Performance:** Dec. 14<sup>th</sup> at 7 p.m.

**Price:** \$25.00

Glockick Rockstars is a dance class. We will spend 5 weeks practicing for our performance on Dec. 14th. We will have a Christmas routine, so I will be sending home a description of what to wear on the night of the 14th by the second week. On the night of the 14th, we will perform and then have treats, crafts, and Christmas movie to enjoy afterwards.

If you have any questions, please contact Corrie at 217-313-6465 or [corrie@ausi.com](mailto:corrie@ausi.com)

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## Glockick Lil' Rockstars

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-mail address (optional):** \_\_\_\_\_

### Liability Waiver

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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