



NEVADA UNION  
HIGH SCHOOL



Theatrical Dance Academy

# Community Dance Classes for Kids

Spring Season: Now through May 20, 2019

Class	Age	Day	Time	Instructor
Creative Movement	Ages 4-6	Mondays	4:30-5:15 p.m.	Gaby Blaney
Kids Dance	Ages 7-10	Mondays	5:15-6:00 p.m.	Gaby Blaney
Contemporary	Ages 10-16	Mondays	6:00-7:00 p.m.	Gaby Blaney

## About the Classes

**Creative Movement** will introduce children to the basic concepts of rhythm and movement using creative games, ballet and jazz technique, as well as acro/tumbling. They will learn spatial awareness, listening skills, group socialization and structure. Our goal is to make sure we are building the love of dance in each child, nurturing their natural creativity in a fun and loving atmosphere.

**Kids Dance** will combine elements of jazz dance, acro/tumbling, and hip hop exercises as well as choreography. This 45 minute class is taught by Gaby Blaney, the Assistant Director of Dance at Nevada Union High School. Ms. Blaney received her BA in Dance from UC Irvine and danced professionally in New York City for six years.

**Contemporary** (2 years of previous dance training required) - This class gives middle school dancers an opportunity to dance with the high school program. Classes will be at an intermediate skill level and will include warm ups, across the floor, and combinations emphasizing musicality, flexibility, and strength.

*Advanced dancers from the N.U. program will assist with all classes*

## To Enroll

Drop off your completed forms or mail them to:

Nevada Union High School  
Attn: Dance Studio  
11761 Ridge Road  
Grass Valley, CA 95945

Call the Dance Department at (530) 273-4431 ext. 2103 or email us at [cwadman@njuhsd.com](mailto:cwadman@njuhsd.com)

Visit our Website: [www.nevadauniondance.com](http://www.nevadauniondance.com)

## Cost

\$10 per class (can pay-per-class or pay monthly at the start of the month)

Cash or Checks payable to Nevada Union Theatrical Dance.

*Your payments support our non-profit dance program to provide master classes from professional dance teachers and guest choreographers from across the country, and it will help students to attend field trips, to purchase costumes and production supplies, and more!*

## Dress Code

- Girls: any color leotard, tights or leggings or bike shorts, socks or jazz shoes, hair secured away from face
- Boys: T-shirt or tank top (or leo), shorts or leggings, socks or jazz shoes, hair secured away from face



**Student Information, Voluntary Activity  
Waiver,  
Release, and Indemnity Agreement**

- Creative Movement Ages 4-6 (Mondays 4:30-5:15 p.m.)**
- Kids Dance Class Ages 7-10 (Mondays 5:15-6:00 p.m.)**
- Intermediate Contemporary Ages 10-16 (Mondays 6:00-7:00 p.m.)**

Student's Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Please list any physical/health/special needs the student has that might impact her/his participation:**

\_\_\_\_\_

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to him/herself arising as a result of engaging in or receiving instructions in said activity or activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action which may hereafter arise for him/herself or his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Nevada Joint Union High School District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise.

**IT IS THE INTENTION OF [PARTICIPANT] BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE NEVADA JOINT UNION HIGH SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Nevada Joint Union High School District he/she shall indemnify and save harmless the same Nevada Joint Union High School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of activity, and is fully aware of the legal consequences of signing this instrument.

(FOR USE BY PARENT OR GUARDIAN OF PARTICIPANT UNDER AGE 18): I represent that I am a parent/legal guardian of the minor named above and I agree that the liability waiver and policies acknowledgement contained therein binds me and said minor to all terms thereof.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# NUHS THEATRICAL DANCE CONSENT TO TREAT FORM

Student Name: \_\_\_\_\_  
First Middle Last

## AUTHORIZATION FOR TREATMENT OF A MINOR

I (we) the undersigned parent(s) or legal guardian of the above-named minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis returned under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Should any responsible school representative be unable to contact the undersigned after a reasonable attempt has been made, the undersigned do (does) hereby delegate to the responsible school representative the right to authorize medical or surgical care that is considered essential.

THIS FORM IS NOT REVIEWED BY SCHOOL MEDICAL PERSONNEL PRIOR TO TRIPS/ACTIVITIES  
This health information will be provided to medical care personnel in case of an emergency.

Birth Date: \_\_\_\_\_ Last Tetanus or DPT: \_\_\_\_\_ Today's Date: \_\_\_\_\_

List all medications the student takes: \_\_\_\_\_

**NOTE: If student needs to take medications during the class/workshop or has special health concerns, it is the parent's responsibility to contact the Dance Department prior to the class.**

List any restrictions or other pertinent medical information, including any allergies to food or drugs:

\_\_\_\_\_

### Student Insurance Info:

Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I request in the case of medical emergency, illness, or injury that the supervisor take the above named student to a doctor or medical facility to receive emergency treatment.

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