



Community Dance Classes for Teens and Adults

Spring Season - Now through May 31, 2019

Class	Day	Time	Instructor
Good Morning Pilates	Tuesdays	7:15-8:15 a.m.	Roxanna Cohen
Int/Adv Contemporary	Tuesdays	5:30-7:00 p.m.	Jordan Isadore
Int/Adv Ballet/Pointe	Fridays	5:30-7:00 p.m.	Catrina Choate-Heretoiu

About the Classes

These classes are designed for ages 14 and up (high school to adult) with prior dance training at an intermediate to advanced skill level. All classes are open for drop-ins, and you can start anytime. There will be no classes during spring break (April 15-19) or on school holidays. Classes for this semester will end on Friday, May 31st (summer schedule TBA).

About the Instructors:

Roxanna Cohen is a Physical Therapist, a Board Certified Orthopedic Clinical Specialist, and she recently completed a Clinical Fellowship in Movement System Impairments from Washington University in St. Louis. She is a Pilates Method Alliance Certified Pilates Instructor, a Senior Educator and Examiner for Polestar Pilates and owner of The Pilates Place in Grass Valley, Ca. She has been teaching group and individual fitness for over 35 years and been involved in various aspects of dance for over 50 years. She has taught Pilates and injury prevention in the Nevada Union Theatrical Dance Department since 2011.

Jordan Isadore graduated from CSU Long Beach with a BFA in Dance Performance. He has danced professionally with for several years with Shen Wei Dance Arts, based in New York, and traveled around the world.

Catrina Choate-Heretoiu trained at the School of American Ballet and danced professionally with Miami City Ballet. She has an MFA degree in Dance and was full time faculty with the University of Illinois at Urbana Champaign, where she created an Injury Prevention program for the dance majors. She is also a somatics practitioner of the Feldenkrais Method.

Cost

\$10 for a 1 hour class OR \$12 for a 1.5 hour class

Drop-Ins welcome, or pay monthly (due on the 1st class of each month)

Cash OR Checks payable to Nevada Union Theatrical Dance

The money raised from these classes 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!

To Register:

Fill out the Registration Form and bring it to your first class or mail it 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

Dress Code

Pilates and Contemporary Class:

- Tight fitting exercise clothing of choice. Hair secured away from face. Socks or bare feet.

Ballet Class:

- Ladies: black leotard, pink or black tights, ballet slippers/pointe shoes, hair in a bun
- Gentlemen: White t-shirt (or leo), black leggings with dance belt, black/white ballet shoes, hair secured away from face



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

- Pilates Class on Tuesdays 7:15-8:15 a.m.**
- Intermediate/Advanced Contemporary on Tuesdays 5:30-7:00 p.m.**
- Intermediate/Advanced Ballet/Pointe on Fridays 5:30-7:00 p.m.**

Student's Name: _____ Student's Age: _____

(If Under 18) Parents/Guardians: _____

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 in dance classes: _____

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.

SIGNATURE: _____ **DATE:** _____

(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.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **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: _____