



Community Dance Classes OPEN TO THE PUBLIC

Fall Season: September 3 to November 23, 2019
Spring Season: January 6 to April 26, 2020

Class	Day	Time	Instructor
Int/Adv Ballet & Pointe (ages 13 & up)	Mondays	3:30-4:30	Hollie McGovern
Creative Movement (ages 4-6)	Mondays	4:30-5:30	Gaby Blaney
Intermediate Hip Hop (ages 13 & up)	Mondays	5:30-6:30	Daisy Hang
Adv Contemporary (ages 13 & up)	Tuesdays	5:00-6:30	Jordan Isadore
Advanced Hip Hop (ages 13 & up)	Tuesdays	6:30-7:30	Daisy Hang
Int Contemporary (ages 11 & up)	Thursdays	5:45-6:45	Toria Painter
Advanced Ballet/Pointe (ages 13 & up)	Fridays	4:30-5:30	Hollie McGovern

Cost

\$10 for a 1 hour class OR \$15 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

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

All Other Classes:

- Tight fitting exercise clothing of choice. Hair secured away from face. Socks or bare feet for contemporary. Clean soled sneakers for Hip Hop (no street shoes on the dance floor).

Please note: there will be no classes on the following Holidays (school will be closed):

- Monday, September 2nd (Labor Day Holiday)
- Monday, October 21st through Friday, October 25th (Fall Break)
- Monday, November 11th (Veteran's Day Holiday)

Classes will end on Saturday, November 23rd (our performance date). We will take a break for the end of November and the month of December. Classes will resume on Monday, January 6th.



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

- | | |
|---|---|
| <input type="checkbox"/> Int/Adv Ballet (Mondays 3:30-4:30 p.m.) | <input type="checkbox"/> Creative Movement (Mondays 4:30-5:30 p.m.) |
| <input type="checkbox"/> Intermediate Hip Hop (Mondays 4:30-5:30 p.m.) | <input type="checkbox"/> Adv Contemporary (Tuesdays 5:00-6:30 p.m.) |
| <input type="checkbox"/> Adv Hip Hop (Tuesdays 6:30-7:30 p.m.) | <input type="checkbox"/> Int Contemporary (Thursdays 5:45-6:45 p.m.) |
| <input type="checkbox"/> Advanced Ballet/Pointe (Fridays 4:30-5:30 p.m.) | |

Student's Name: _____ Student's Age (if under 18): _____

(If Under 18) Parents/Guardians Name(s): _____

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: _____