

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, 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

☐ Int/Adv Ballet (Mondays 3:30-4:30 p.m.)	☐ Creative Movement (Mondays 4:30-5:30 p.m.)
☐ Intermediate Hip Hop (Mondays 4:30-5:30 p	o.m.) ☐ Adv Contemporary (Tuesdays 5:00-6:30 p.m.)
☐ Adv Hip Hop (Tuesdays 6:30-7:30 p.m.)	☐ Int Contemporary (Thursdays 5:45-6:45 p.m.)
☐ Advanced Ballet/Pointe (Fridays 4:30-5:30 p	o.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 studieses:	dent has that might impact her/his participation in dance
injury, property damage, or wrongful death occurring to him activity or activities incidental thereto wherever or however him/herself, his/her heirs, executors, administrators, and assi of action which may hereafter arise for him/herself or his/he heirs, executors, administrators and assigns prosecute, prese against the Nevada Joint Union High School District or any whether the same shall arise by the negligence of any said por BY THIS INSTRUMENT, TO EXEMPT AND RELIEV LIABILITY FOR PERSONAL INJURY, PROPERTY In the undersigned, for him/herself, his/her heirs, executors, actinity, property damage or wrongful death shall be prosecut indemnify and save harmless the same Nevada Joint Union whomever or wherever made or presented for personal injur The undersigned acknowledges that he/she has read the fore	going Waiver of Liability Notice and the foregoing three (3) paragraphs, ers incidental to engaging in the activity and instructing of activity, and is
SIGNATURE:	DATE:
	ANT UNDER AGE 18): I represent that I am a parent/legal guardian of the policies acknowledgement contained therein binds me and said minor to

PARENT/LEGAL GUARDIAN SIGNATURE: _____DATE: _____

NUHS THEATRICAL DANCE CONSENT TO TREAT FORM

Student Name:			
First	Middle	Last	
AUTHORIZA	TION FOR TREATMENT	Γ OF A MINOR	
I (we) the undersigned parent(s) or legal guar x-ray examination, anesthetic, medical or sur member of the medical staff and emergency dentist licensed under the provisions of the D of any specific diagnosis, treatment, or hospic care which the aforementioned physician in that effort shall be made to contact the under treatment will not be withheld if the undersign	gical diagnosis returned under room staff licensed under the pental Practice Act. It is unders tal care being required but is go the exercise of his/her best jud signed prior to rendering treat	r the general or special supervision of any provisions of the Medical Practice Act or a stood that this authorization is given in advagiven to provide authority and power to rengment may deem advisable. It is understood	ance der od
Should any responsible school representative made, the undersigned do (does) hereby dele or surgical care that is considered essential.			
THIS FORM IS NOT REVIEWED BY SCHOOL This health information will be provided to me			
Birth Date: Last Tetar	nus or DPT:T	oday's Date:	
List all medications the student takes:			
NOTE: If student needs to take medication parent's responsibility to contact the Dance			1e
List any restrictions or other pertinent me			
Student Insurance Info:		-	
Company:			
Policy/Group #:			
Insured's Name:			
Family Doctor:	Phone:		
I request in the case of medical emergence a doctor or medical facility to receive eme		supervisor take the above named stude	nt to
Signature of Parent/Legal Guardian:			