

## 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

☐ Int/Adv Ballet (Mondays 3:30-4:30 p.m.)	☐ Creative Movement (Mondays 4:30-5:30 p.m.)					
☐ Intermediate Hip Hop (Mondays 5:30-6:30 p.m	a.) □ 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.m	ı.)					
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 studen 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:					
	T UNDER AGE 18): I represent that I am a parent/legal guardian of the icies 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 understal 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:		<del>-</del>	
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:			