



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INTRO TO DANCE

CHASCO Family YMCA

Six Week Session

Session 1: Week Of Jan 13th-Feb 22nd

Session 2: Week of Feb 24-Apr 11th

*Session 2- No classes the week of Spring Break

**Session 2 Saturday Class is ONLY 5 Weeks.



Intro to Ballet

(3-5yrs)

This class will introduce children to basic ballet vocabulary and technique in a structured yet fun setting. Simple coordination, musicality, rhythm and concentration will be emphasized. Students are encouraged to explore space and enjoy dancing.

Classes are 45 minutes

Creative Movement

(3yrs)

Children that love rhythm and movement and feel safe participating in a class without Mom and Dad are invited to participate in this class. Students will use ribbons, scarves, bean bags and more as they combine imagination with music to learn body control, develop fine motor skills, and improve social skills.

Classes are 45 minutes

PRICE: \$55/YMCA Members
\$70/Community Members

* Session 2 **ONLY** Saturday Price *
\$45/ YMCA Members
\$57/ Community Members

Location: CHASCO YMCA Dance Studio

CHASCO FAMILY YMCA INTRO TO DANCE

Session 1- 2020

Registration Dates

Registration Begins: 12/01/2019

Session Dates

Week of: Jan 13th-Feb 22nd.

Session 2- 2020

Registration Dates

Registration Begins:
01/15/2020

Session Dates

Week Of: Feb 24th-Apr 11th

*No Class the Week of Spring Break

**No Saturday Class April 11th
(Easter Weekend)

Check Desired Class

Intro to Ballet

Wed. 9:30 am _____

Thurs 10:45am _____ (session 2 only)

Fri 9:30am _____

Sat. 9:00am _____

Creative Movement

Wed. 10:30 am _____

PARTICIPANTS INFORMATION

PARTICIPANTS NAME _____ SEX (M /F) _____ AGE _____ DOB _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN NAME _____ HM PHONE _____ ALT PHONE _____

EMAIL _____

EMERGENCY CONTACT & RELATIONSHIP _____ PHONE # _____

MEDICAL CONDITION, ETC. _____

PARENT / GUARDIAN'S ACKNOWLEDGEMENTS

MEDICAL WAIVER: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact my child requires the attention of a physician.

WAIVER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display.
YES: INT _____

REFUND / TRANSFER POLICY: I understand that the YMCA has no refund policy.

PARENTS / GUARDIAN ACKNOWLEDGEMENT: This is to acknowledge that I have read and agree to the above information. INT _____

*****WE DO NOT OFFER MAKEUP CLASSES FOR MISSED CLASSES*****

PARENT SIGNATURE _____ DATE _____

Y STAFF ONLY

Program Code: (20DAN) Staff Initials: _____ Amount Paid: \$ _____