



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# INTRO TO DANCE

## Hutto Family YMCA Six Week Session

Session 2: Week of Feb 24-Apr 11th

\*Session 2- No classes the week of Spring Break



### 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

**Location:** Hutto YMCA Gym/Studio

# HUTTO FAMILY YMCA INTRO TO DANCE

## Session 2- 2020

### Registration Dates

### Registration Begins:

01/20/2020

### Session Dates

Week Of: Feb 24th-Apr 11th

\*No Class the Week of Spring Break

### Check Desired Class

Creative Movement: Thursday's 9am \_\_\_\_\_

Intro to Ballet: Friday's 4pm \_\_\_\_\_

## 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: \$ \_\_\_\_\_