

# Youth Dance Class

Winter & Spring 2020

**Led by a technically trained and former competitive dancer, this fourteen-week program will meet THURSDAY evenings at the Civic Center starting January 9. REGISTRATION DEADLINE: JANUARY 3!**

**Dancers will learn aspects of ballet, jazz and tap/clog dances. Program will culminate with a showcase recital on a Friday in late April or early May.**

DANCER INFORMATION

\_\_\_\_\_   
Dancer Name

\_\_\_\_\_   
Age

\_\_\_\_\_   
Birthday

\_\_\_\_\_   
Previous Dance Experience?

\_\_\_\_\_   
Parent(s)

\_\_\_\_\_   
Phone

\_\_\_\_\_   
Email

***DANCERS SHOULD HAVE proper ballet shoes without rubber soles. Leotards, tights, and hair pulled back is preferred. Dancers will also be required to purchase, at a small fee, a costume for the recital.***

***There will be NO CLASS on April 9<sup>th</sup>.***

CLASS INFORMATION --- 14 weeks plus recital

All dancers must have registration turned into the Park District office by the Friday, January 3<sup>rd</sup> deadline.

***Pre-K Class – MUST BE at least 4 years old – no exceptions***

Class will meet Thursday from 5:00-5:30  
\$120 (\$110 with Paxton resident discount)

***ALL OTHER DANCERS (Kindergarten & up)***

\$145 (\$135 with Paxton resident discount)

Dancers will be divided into 1 of potentially 3 groups. This will be based on age AND previous experience and/or skill. Older dancers will typically meet later. *Approximate* times for these classes will be:  
5:45-6:30 or 6:45-7:45

Upon completion of registration, dancers will be divided up by age, experience, and skill. An EMAIL will be sent out several days before the January 9<sup>th</sup> class with your dancer's specified time.

*Space is limited and will be filled on a first-come first-serve basis. The Park District reserves the right to change or adjust the class scheduled if needed.*

PAXTON PARK DISTRICT – YOUTH PARTICIPATION WAIVER

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

**ACTIVITY/PROGRAM/LEAGUE:            Youth Dance Winter/Spring 2020**

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

As a parent/guardian of a participant in the program, I have read and understood the Paxton Park District “Parent Code of Conduct” form and agree to its principles and expectations.

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Emer. Contact Phone if not listed on registration \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_