

# Ballet

## SESSION SIGN UP

Children ages 5 and Up will learn proper technique and body placement. Classes emphasize rhythm, classroom etiquette, & positive body image. Ballet builds a proper base for all other dance forms by teaching students how to move individual body parts while maintaining graceful posture. Making dance fun is essential to a happy community dance program.

**October 4th -  
November 8th**  
**Tuesdays**  
**(6:00pm-6:45pm)**  
**FALL SESSION**

\$50

**APRIL 4TH -  
MAY 9TH**  
**Tuesdays**  
**(6:00pm-6:45pm)**  
**SPRING SESSION**

for Both Sessions or  
\$30 per session

**Parent/ Guardian Information:**

Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**First Child's Name**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Health concerns we should know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Second Child's Name**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Health concerns we should know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Session One**  
 **Session Two**

OR

**Both Sessions**

**WAIVER AND RELEASE STATEMENT**

(All participants must read and sign) I have read the accompanying event information and understand the policies of the event. I know that I should not enter unless I am medically able. I assume all risks associated with my child(ren)'s participation in this event, including but not limited to, falls, contact with other participants, all such risks being known and appreciated by me. Knowing these facts, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE and DISCHARGE Brooklyn Recreation, Pre-Ballet Instructor, Village of Brooklyn, workers or volunteers, their representatives, successors or assigns for ANY AND ALL claims of liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers and or agents

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Brooklyn Recreation Area Only)

Payment Method	Date Paid



Brooklyn Recreation Committee  
is part of The Village of Brooklyn  
PO Box 189, 210 Commercial Street,  
Brooklyn, WI 53521

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