

# Pre-Ballet

## SESSION SIGN UP

Pre ballet is an introduction to class structure and basic ballet positions. Emphasis is on rhythm, moving as a group, & creativity. Children ages 3-4 will learn the essential basics of ballet to ensure a strong foundation for dance in a fun and creative environment. While learning proper ballet terminology and alignment, children will also be encouraged to use their imaginations and to experience the fun in movement. Students will work on balance, coordination, using both dominant and nondominant sides of their bodies, as well as posture and motor skills. A great opportunity to see if your child enjoys dancing, and ballet in particular. Pick the best session that fits your schedule for your schedule.

**November 7th -  
December 12th  
Tuesdays  
(5:30pm-6:00pm)  
FALL SESSION**

\$50

**April 3rd -  
May 8th  
Tuesdays  
(5:30pm-6:00pm)  
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

[www.brooklynwi.gov](http://www.brooklynwi.gov)  
[www.brooklynrecreation.org](http://www.brooklynrecreation.org)  
[www.facebook.com/BrooklynRecWI](https://www.facebook.com/BrooklynRecWI)  
[www.twitter.com/BrooklynRecWI](https://www.twitter.com/BrooklynRecWI)