



Summer 2019 Adaptive Dance for Children with Down syndrome

The School of Ballet Arizona is proud to offer Adaptive Dance for children with Down syndrome. Our program is based on the successful Adaptive Dance program of Boston Ballet. Classes will focus on teaching rhythm, learning safe stretching, body awareness, building assurance and self-confidence, developing appreciation for all types of music, enhancing social skills and having fun!

Next session: Summer 2019 for Ages 8+

Saturdays beginning June 15 – July 20, 2019

45 minutes – 10:15 a.m. - 11 a.m.

Total session is 6 classes at \$65 for the whole session.

Classes meet at Ballet Arizona located at 2835 E. Washington St. Phoenix, AZ 85034

The registration form and "Getting to Know Me" form are to be completed and submitted to The School of Ballet Arizona via email (school@balletaz.org), fax (602.381.0189) or mail (2835 E. Washington St. Phoenix, AZ 85034) attention School Manager, Jasmine Nunn.

***If your student has already attended Adaptive Dance classes previously, you only need to submit the registration form.**

The School of Ballet Arizona requires the following dress code for students attending the Adaptive dance classes:

Boys:

Black bike shorts, white t-shirt, white crew socks and white ballet slippers, hair neat and off the face

Girls:

Black leotard, light pink tights or black bike shorts, pink ballet slippers, hair up in a bun, neat and off the face

School Policies:

Students are to arrive on time and meet in the School lobby outside Studio 7. Students more than 10 minutes late, may not be allowed to participate in that day's class.

Parents/guardians will remain in the School lobby during class. If any siblings are waiting with them, we ask they remain quiet and not running around. Please no food, only water. No electronic devices are to be used in the school lobby without using headphones.

When arriving at the School, the entrance off Washington St is an entrance only, not an exit. The exit to the parking lot is on 29th St. Cars may not be parked in front of the building outside of designated parking spots.

Conduct:

The School is committed to maintaining a healthy environment that allows all students to participate in and fully enjoy their dance training. All students and parents/guardians will be courteous and respectful to one another, their teachers and to all School staff and volunteers.



Summer 2019: Adaptive Dance for 8+ year olds - Getting to Know Me

My Name: _____ **Nickname:** _____

Age: _____ **Gender:** _____

A Little About Me: _____

My Strengths (things that are easy for me): _____

My Challenges (communication, feeding, learning, mobility, social, energy, behavior): _____

My Diagnosis (Diagnoses): _____

My Overall Health: _____

Things to Avoid (activities, food and procedures): _____

My Equipment/Assistive Technology (braces/orthotics, walker, wheelchair, communication device, Home O2, insulin pump, nebulizer, suction): _____

Other Things I'd Like You to Know About Me: _____

THE SCHOOL OF
BALLET
ARIZONA

Registration Form: Summer 2019 Adaptive Dance for 8+ year olds

Contact Information:

Parent/Guardian's Name: _____

Parent/Guardian's Name _____

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Authorization

Type of Card: ☐ MC ☐ VISA ☐ AMEX ☐ DISC

Card Number: _____

Expiration Date: _____ Card Security Code: _____

Name of Cardholder (print): _____

Signature: _____

Emergency Contact Information: *(Other than Parent or Guardian)*

Name of Contact: _____

Contact Phone Number: _____

Relationship to Student: _____

Name of Physician: _____

Physician's Phone Number: _____

Does the student have any health issues the School should be aware of?

Y / N If yes, please explain: _____

Does the student have any allergies? Y / N If yes, please explain:

THE SCHOOL OF
BALLET
ARIZONA

Summer 2019 Adaptive Dance for 8+ year olds: June 15 – July 20, 2019

Student Name: _____

Age: _____

Consent and Release Form

I am the parent or legal guardian of _____, who desires to attend The School of Ballet Arizona. Participation at The School of Ballet Arizona includes dance training, dance-related training, rehearsals and performances, as well as certain dance, education and recreational activities. I understand that dance is a very physical activity and that there is risk of accident or injury inherent in dance. I am aware that dance is a physical activity which requires touch and hands-on correction from teacher to student to reinforce proper alignment and position of the body. I agree that The School of Ballet Arizona and Ballet Arizona along with its employees, consultants, volunteers, advisors, directors and/or agents shall not be responsible for any injuries or damages suffered by my child during my child's participation. I, therefore, consent to my child's participation in The School of Ballet Arizona dance training, dance-related training, auditions, rehearsals, travel and performances as well as dance, educational and recreational activities and I further consent to my child's participation in any other activity taken in connection with The School of Ballet Arizona or Ballet Arizona.

In consideration of The School of Ballet Arizona and Ballet Arizona's acceptance of my child as a student or participant, I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself, my child and/or ward directly or indirectly during the course of or as a result of my child's participation as set forth above.

If any provision of this Consent and Release is held invalid or unenforceable by any court of competent jurisdiction, the other Release will remain in full force and effect. Any provision of this Consent and Release held unenforceable only in part of degree will remain in full and effect to the extent not held invalid or unenforceable.

I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

Signature of Parent or Guardian _____ Date: _____

Photo Release

I hereby give permission to The School of Ballet Arizona to take photographs, film, or videos of my child or myself. I consent to the use of such materials and/or the use of my child's name for promotional purposes by The School of Ballet Arizona or Ballet Arizona.

I acknowledge that I have read and understand this Consent and Release and have had any questions answered to my satisfaction.

Signature of Parent or Guardian: _____ Date: _____