

THE SCHOOL OF  
**B A L L E T**  
A R I Z O N A

## 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: **Spring 2020 for Ages 8+**

**Sessions meet on Saturdays beginning February 1 – March 7, 2020 from 9 a.m. – 9:45 a.m.**

This session includes six, 45-minute classes

Tuition is **\$65** for the whole session

Classes meet at Ballet Arizona studios, 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](mailto: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 previously attended Adaptive Dance classes, 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 of Studio 6. Students who are more than 10 minutes late may not be allowed to participate in that day's class.

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

No food is allowed in the studios, only water. No electronic devices are to be used in the school lobby without using headphones.

**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.

THE SCHOOL OF  
**B A L L E T**  
A R I Z O N A

**8+ Adaptive Dance Session for Spring 2020 - 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, communication device, Home O2, insulin pump, nebulizer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Things I'd Like You to Know About Me:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE SCHOOL OF  
**B A L L E T**  
A R I Z O N A

**8+ Adaptive Dance Session for Spring 2020**

**- Registration and Contact Information -**

**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

**8+ Adaptive Dance Session for Spring 2020**

**- Consent, Release and Photo Release -**

**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: \_\_\_\_\_