



# 2019 BALLET with Mrs. Susan



This is a structured ballet class beginning with a warm-up to stretch, center work with positions of the feet and arms. There is use of fun props and age-appropriate music.

**Spring Session:** Starts Tuesday January 15 and Ends: March 5th (Classes every Tuesday)

5:00pm-5:45pm 3-5 Year Olds

6:00pm-6:45pm 6-10 Year Olds

**Cost:** \$40 for 8 week session.

**Instructor:** Ballerina Susan Taylor

**Clothing:** Girls should wear leotards over light colored tights with ballet slippers. Boys should wear form fitting clothes. Hair needs to be pulled back from the face and tied up securely.

**Details:** Ages 3-5 will need a parent/guardian in attendance of each class.

Class will be held at the Walkerton Youth Building located at 606 Washington St. Please call the Parks Office if you have any questions 574-586-3638.

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## **Participant Info**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Sex Male/Female Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Paid \$40.00 \_\_\_\_\_ Check # \_\_\_\_\_ Cash

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell or Work \_\_\_\_\_

Email \_\_\_\_\_

Person to contact if parent is unavailable: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**The Walkerton Park Office is located south of John Glenn High School at 71636 Walkerton Trail, Walkerton. There is a drop slot available through the front door for your convenience.**

Walkerton Parks & Recreation ~ 71636 Walkerton Trail, Walkerton, IN 46574  
574-586-3638 ~ [walkertonparks@walkerton.org](mailto:walkertonparks@walkerton.org)

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**WAIVER OF LIABILITY AND DISCLAIMER**

I, \_\_\_\_\_ (print parent name) give permission for \_\_\_\_\_ (child) to participate in the Walkerton Ballet. I understand that the Town of Walkerton, Walkerton Park & Recreation Department and its employees and volunteers are not responsible for any accidents or injuries that may occur during this program. Nor will they be responsible for lost or stolen articles. Initial Here \_\_\_\_\_

**MEDICAL INFORMATION**

Does the student have any allergies, disabilities/handicaps, current injuries, medical limitations or other significant condition? Yes No If yes, please describe in complete detail: \_\_\_\_\_

\_\_\_\_\_ This information is for medical safety only. Initial Here \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

I, the undersigned parent or legal guardians of the student, hereby authorize the instructor, assistants, or parents of the class members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical, dental examination and/or treatment. In case of emergency, I hereby authorize the treatment and/or care at any hospital. Initial Here \_\_\_\_\_

**PARENT CODE OF CONDUCT**

I understand as a parent of a student, I will conduct myself in a respectful, orderly fashion at all times. I understand alcohol & smoking are not allowed at any youth programs. I will not wear apparel depicting drugs, alcohol, or foul language. Foul language will not be tolerated. **I will offer my support in a positive manner to my child, the instructor, and other team(s) members.** Initial Here \_\_\_\_\_

**INCLUSION POLICY**

Walkerton Parks Board has implemented an Inclusion Policy for all of their programs. A copy of this policy can be obtained at any time. Initial Here \_\_\_\_\_

My child requires special accommodations for which I have provided a written request. \_\_\_\_\_

By signing below I am stating that I have read and understand the above information and that I will abide by the Parent Code of Conduct. All information that I have provided is true and accurate.

Parents/Guardians Signature \_\_\_\_\_

The Walkerton Parks & Recreation Department would like to take photos to be put in the media. Your child’s name and image could be put in newspapers, our website and/or social medial. If this is a problem, please ask for a DENIAL FORM. Otherwise we will use this registration form as our permission to use their image and/or name.