SUMMER CAMP
RUMBLE TUMBLE & DANCE

Our dance & tumbling classes offer a non-competitive setting for children to learn and engage in the benefits of a quality program without the high prices of competitive institutions and instructors with years of experience. Register early as classes will be limited in size.

WEDNESDAY AM
8:30 am inter/adv tumbling
9:30 am 3 & 4 yr. Creative Ballet
10:30 am 5 yr. & up Combo
11:30 am 7 yr. & up Combo

THURSDAY AM - HIP HOP & LYRICAL
9:00 am 6 & up
10:00 am 9 & up
11:00 am 12 & up

THURSDAY PM - HIP HOP/TUMBLE
4:30 pm 5 & up
5:30 pm 7 & up
6:30 pm 9 & up
7:30 pm 12 & up

FRIDAY - TUMBLING
4:30 pm 4 & up beg
5:30 pm 7 & up inter
6:30 pm 8 & up adv 1
7:30 pm 13 & up adv 2

SATURDAY
8:30 am inter/adv tumbling
9:30 am 3 & 4 yr. Creative Ballet
10:30 am 5 yr. & up Combo
11:30 am 7 yr. & up Combo

6 WEEK SESSION: July 15-August 22
Tuition: $120 - 1 class per week
25% discount each additional class per week
Tuition credits from March-June may be used

Rockland YMCA 18 Parkside Dr
Suffern, NY 10901 ~ 845-357-4404
bhallissey@rocklandymca.org
Dear Dancers and Parents:

Welcome and thank you for registering for class at the Rockland County YMCA Suffern. I am excited to share my passion and commitment to the art of dance with all of you. We provide a nurturing environment where children will learn to appreciate dance, tumbling and movement as lifelong activities for self-expression, grace, strength, agility, creativity, and balance. Our teachers are highly qualified and care about the development of the whole person-mind, body and spirit. To make the dance experience more enjoyable, please review the following schedule and policies.

**Screening & cleaning**: All instructors and students will be temperature-checked and will be required to wear a comfortable face covering. Parent’s who stay during class will be asked to wait outside on the covered patio. We will limit class size to help keep children appropriately spaced. Activities will be modified to limit physical contact. Equipment will be cleaned between uses and/or supplies will be provided for all students. Our team will be regularly cleaning to disinfect our facilities between classes & our facilities team will perform a deep-clean every night after closing.

**Summer Dress Code Requirements**

**CREATIVE MOVEMENT & COMBO**: Any color leotard, tights optional, pink ballet shoes or tan Jazz shoes.

**JAZZ & HIP HOP**: Any color leotard, or tank top & black jazz pants or shorts and tan jazz shoes

**RUMBLE TUMBLE**: Any color leotard or biketard, barefoot.

**Hair for classes** – Hair must be neatly pulled back and up off shoulders. Buns are required for classical ballet. Please to have your child prepared with the proper shoes, tights and accessories for class. If they dress like a dancer, they will feel like a dancer! Please no street clothes, sports jerseys or baggy clothes!

**Refund and Make-Up Policies**

A credit may be issued towards a different class or a sibling’s tuition within the YMCA programs. Missed classes may be made-up at your convenience by attending a similar class on another day other than her/his regular scheduled day.

**Classroom Protocol** - Students who change shoes during their class will need to bring a dance bag & water bottle into the classroom. Parents do not help children change their shoes; we learn how to do it ourselves. Please only keep dance supplies in your child’s dance bag, if the bag is cluttered with clothes and toys it makes it difficult to find their shoes in the bottom of the bag. Please have your child’s name clearly marked on all shoes and supply bag. Please arrive 5 minutes before your scheduled class time. Please take your young child to the bathroom before class begins as it can be very distracting to have children going to the bathroom during class.

YMCA Dance Staff
SUMMER REGISTRATION FORM

Child’s Name_________________________ Gender_____________ Birthdate_____/_____/_____

<table>
<thead>
<tr>
<th>Class#1</th>
<th>Class#2</th>
<th>Class #3</th>
<th>TOTAL</th>
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FAMILY INFORMATION
Parent/Guardian___________________________________________
Home Address: ____________________________________________
Street: ____________________ City: __________ State: ______ Zip: __________
Cell Phone: ______________ Home Phone: __________ Email Address: ______________________

EMERGENCY INFORMATION / RELEASE OF CHILDREN
If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: ____________________________________________ Relationship: __________________
Address: ____________________________________________
Home Phone: ____________________ Cell Phone: ______________

_____ Ok to pick up child _____ Ok to give emergency info

ARE THERE ANY MEDICAL ISSUES OR ALLERGIES?
_____ No _____ Yes (please include a care plan) Medications (the YMCA does not dispense medication)
List any medication(s) regularly taken: __________________________________________________

PERMISSIONS
_____ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.
_____ Yes, I give the Rockland County YMCA permission to use my child’s photograph for public relations and / or marketing purposes.
_____ Yes, I, my child is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.
_____ Yes, in consideration of my child’s participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child’s participation in any of the activities of the YMCA.

Payment Information (circle one) MasterCard Visa American Express Discover
Name on credit card: ____________________________
Card Number: ____________________ Expiration date: _______ CVC code: __________

I hereby authorize the Rockland County YMCA to charge my credit card for my child’s membership and tuition.

Signature: ____________________________________________ Date: __________