



Winter/Spring Class information and Registration Form



Not an ordinary arts program!
Above The Clouds, Inc. Texas
Office located inside the William M. McDonald YMCA
2701 Moresby St.
Fort Worth, Tx 76105



**Above The Clouds Texas Free Classes run from
January 16 – May 12, 2023**

Classes at all sites are FREE!!

Classes at LVTRise – 8201 Calmont Ave., Ft. Worth, TX

Wednesday

Vocals	ages 5-8	4:30-5:15 p.m.
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Thursday

Hip Hop	ages 5-8	4:30-5:15 p.m.
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Hip Hop	ages 9-12	5:25-6:25 p.m.
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Classes at William McDonald YMCA - 2701 Moresby St, Fort Worth, TX

Monday

Musical Theater	ages 7-12	5:10-5:55 p.m.
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Jazz	ages 7-12	6:05-6:55 p.m.
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Tuesday

Hip Hop	ages 5-8	5:10-5:55 p.m.
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Hip Hop	ages 9-12	6:05-6:55 p.m.
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Wednesday

Beginning Ballet	ages 5-8	5:10-5:55 p.m.
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Beginning Ballet	ages 9-17	6:05-6:55 p.m.
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Thursday

Vocals	ages 9-12	5:10-5:55 p.m.
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**For More Information, Contact Us At:
469-967-4838**

Class Description

Hip Hop

Students will learn basic hip hop fundamentals and short choreography as well as learning to get comfortable with improvisation.

Beginner Ballet

Students will learn the fundamentals of ballet including the five positions of the feet, basic barre combinations, and basic center and across the floor work.

Vocals

In this class we will explore learning how to read music, sing in a choral setting, and enjoy all different genres of music. Come ready to sing and express through song!

Jazz:

Jazz dance combinations of movements (including movement patterns across the floor) which are designed to improve technical skills, enhance musicality, and encourage the development of individual expression. Also includes exercise(s)-- incorporating stretching, breathing and centering.

Musical Theater

Musical Theatre introduces students to songs and musicals. Class consists of a brief warm up which includes verbal games, learning the repertoire of musical show tunes, acting, singing, pantomime, dancing and staging techniques. The course is devoted to the enjoyment of musical theater and an appreciation for Broadway and all musical productions

❖ **Our Mission:** *To provide free, faith based, arts education and training to young people, ages 5-17, who lack fine arts exposure and access*

2023 Winter/Spring REGISTRATION FORM

SECTION I ~ REGISTRANT INFORMATION

Child's First Name: _____

Child's Last Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth _____ Age _____

Gender: ☐ Male ☐ Female

Grade in School: _____

Name of School: _____

City Where School is Located: _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Hmong ☐ Other (please list): _____

Any health conditions or medications that may limit activities?

☐ Yes ☐ No If "Yes" please list below:

SECTION II ~ PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian First & Last Name:

Home Phone (____) _____ Cell Phone (____) _____

List Cell Phone Carrier (If you would like text alerts in addition to emails):

Email Address: _____

Secondary Parent/Guardian First & Last Name:

Home Phone (____) _____ Cell Phone (____) _____

List Cell Phone Carrier (If you would like text alerts in addition to email):

Email Address: _____

Emergency Contact (if Primary or Secondary listed above are not reachable) First & Last Name:

Relationship to child: _____

Phone Number (____) _____

PLEASE FLIP OVER TO THE OTHER SIDE ----->

SECTION III ~ CLASS INFORMATION

How did you hear about Above The Clouds Texas program?

List Name and Location of Each Class of Interest Below:

Class Name: _____ Location: _____
Date of Class _____
Class Name: _____ Location: _____
Date of Class _____
Class Name: _____ Location: _____
Date of Class _____

SECTION IV ~ VOLUNTEERING

Above The Clouds Texas thrives on parents volunteering throughout each session. There are many ways to help and those that do will be given first opportunity for special events as they arise. If you choose not to volunteer it does not mean that you will never be able to participate in any of the special events, however it will be offered only if there is still availability after volunteers have been given the opportunity. We are also looking to organize a volunteer committee. Please let us know if you are interested or not by checking the appropriate boxes below:

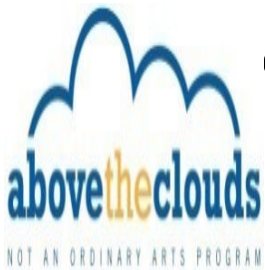
- ☐ I wish to volunteer this semester
- ☐ I DO NOT wish to volunteer this semester

- ☐ I wish to be a part of the volunteer committee
- ☐ I DO NOT wish to be a part of the volunteer committee

Mail or drop off completed form to:

Above The Clouds, Inc. Texas
Office Located inside the William M. McDonald YMCA
2701 Moresby St.
Fort Worth, Tx 76105

You can also email completed form to:
abovethecloudstexas@gmail.com



SECTION V ~ CONSENT

During the course of the program of Above The Clouds Texas (ATC), we from time to time will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposed allowed by the law. Participants will not be notified a head of time if footage will be used. Also, there is no compensation to be paid for any of the photos or videos used by ATC.

- ☐ I consent to the use of video and still photography.
- ☐ I DO NOT consent to the use of video and still photography.

I hereby RELEASE and DISCHARGE: Above The Clouds Texas, William McDonald YMCA & LVTRise from any and all liability, claims, demands or causes of action that registrant/you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class(es). There are no medical or physical conditions that might prohibit my child from participating in any ATC classes or would be against doctor's recommendation and any limitations have been listed in Section I of this form. I also understand that my child or myself may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the classes. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Above The Clouds Texas, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Above The Clouds Texas, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the classes. I agree to send my child with a mask on, that they MUST wear the entire time they are inside and/or around the outside of the facility of William McDonald YMCA & LVTRise. I acknowledge that it is my responsibility to provide a mask and not Above The Clouds Texas. If my child shows up without a mask, they will not be allowed in the building. **By signing below, I am agreeing to the above consent and that all the information on this sheet is accurate to the best of my knowledge.**

Signature (Parent/Guardian if under 18)

Date