

ABOVE THE CLOUDS, INC.

2022



Of The Arts

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

Above The Clouds
2432 N. Teutonia Ave
Condo #2, Suite 100
Milwaukee, WI 53206

All Classes Are Free
Classes Run June 13th – August 11th
All classes this summer are held at:
Greater Life Community Center
(2432 N. Teutonia Ave)

June 13th – July 25th Mondays Only

Beginner Ballet	4:30 – 5:15p.m. Ages 5-8
Contemporary	5:30 – 6:30p.m. Ages 9-15

June 14th – June 16th

Ballet Level 5 - 8 4:30 – 6:30p.m.

June 20th – June 23rd

Intro to Drama	10:00 – 11:00a.m. Ages 5-8
Creative Art	11:15 – 12:00p.m. Ages 9-15
Creative Dance Level 1	1:00 – 2:00p.m.
Martial Arts	1:00 – 2:00p.m. Ages 8-12

July 18th – July 21st

Improvisation	1:00 - 2:00p.m. Ages 10-15
Creative Art	10:00 - 10:45a.m. Ages 5-8
Acting 1	11:00 – 12:00p.m. Ages 9-15

August 1st - 4th

Creative Art	10:00-11:00a.m. Ages 5-8
Creative Art	11:00-12:00p.m. Ages 9-15

August 1st – 11th (Tues/Thurs. Only)

Music(vocal)/Theater	12:00-1:00p.m. Ages 9-17
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August 9th – August 11th

Dance Workshop A	10:00 - 11:30a.m. Ages 9-12
Dance Workshop B	12:00 – 1:30p.m. Ages 13-17

Class Descriptions

Beginning Ballet: Learn basic modern ballet technique, which will give you the fundamental skills that will help you learn any type of dance. (For new students or no experience. Ages 5-8. If your child is 9+ please call the office for placement)

Ballet Level 5-8: Students will have taken ballet with Above The Clouds before and have been placed in a class per the teacher.

Creative dance Level 1: Students will learn the basics, be more artistic and innovative with their movement. They will learn more about musicality and how to make their movements flow.

Drama: Students learn voice projection, use of body as well as develop & build confidence in their presentational skills.

Theatre: Students will learn basic theatrical techniques such as theater vocabulary, vocal projection, movement, improvisation, and scene interpretation.

Music: Students will learn basic singing techniques such as music scales, breathing techniques, song interpretation, and stage presence.

Martial Arts: This is a continuing program where students learn respect, discipline, safety, integrity, and self-confidence with Christ at the center. There are opportunities for promotion to different levels

Creative Art: Students will explore art, artists, and the art process! We will explore working with various mediums, paints, chalk, and fiber arts. Students will explore foreground, background, shadow, light and color. Students will develop life skills, communication, critical thinking, planning, creating, teamwork.

Dance workshop(A&B): Each class will include devotion/teaching. Dance styles include contemporary fusion, modern, & hip-hop.

Improvisation: Students will explore & grow in their personal awareness of movement & creativity through improv dance techniques. They will learn how the body moves naturally to music.

2022 SUMMER 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

1st time taking Above The Clouds Classes? Yes No

If Yes, how did you hear about Above The Clouds?

List **Name** and **Location/Date** of Each Class of Interest Below:

Class Name: _____ Loc. of Class _____

Class Name: _____ Loc. of Class _____

SECTION IV ~ VOLUNTEERING

Above The Clouds 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 completed form to:

**Above The Clouds
2432 N. Teutonia Ave, Condo #2
Milwaukee, WI 53206**

You can also email completed form to:

ATCMilwaukeeInfo@gmail.com

SECTION V ~ CONSENT

During the course of the program of Above The Clouds (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 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, 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, 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 Above The Clouds. I acknowledge that it is my responsibility to provide a mask and not Above The Clouds. 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