

Above The Clouds Texas



2024 Fall class information
and registration form



**Above The Clouds Texas' free classes are taught from
From September 23 – December 6, 2024**

Classes at all sites are FREE!

No Classes the week of November 25-29, 2024

Classes at William M. McDonald YMCA - 2701 Moresby St, Fort Worth, TX 76105

Monday	Jazz	5:00 - 6:00p.m.	Ages 6 – 10
Tuesday	Hip Hop	5:00-6:00 p.m.	Ages 6-10
Wednesday	Beginning Ballet	5:00-5:45 p.m.	Ages 5-8
	Beginning Ballet	6:00-7:00 p.m.	Ages 9-12
Thursday	Theater	5:30-6:30 p.m.	Ages 7-10

Classes at LVTRise - 8201 CALMONT Ave, Fort Worth, TX 76116

Tuesday	Theater	5:00 - 6:00p.m.	Ages 7 +
Wednesday	Hip Hop	5:00-6:00p.m	Ages 6-10
Friday	Beginning Ballet	4:30-5:15 p.m.	Ages 5-8
	Jazz	5:20 - 6:00p.m.	Ages 6 -10

Classes at Worth Heights Community Center – 3551 New York Ave., Fort Worth, TX 76110

Monday	Hip Hop	4:45-5:45 p.m.	Ages 6-9
Wednesday	Theater	4:30-5:15 p.m.	Ages 7-11
		5:20-6:00 p.m.	Ages 12-17

Class Description

Hip Hop

Students will learn the basics of hip hop and short choreography, as well as learn to be comfortable with improvisation.

Ballet

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

Jazz

Combinations of jazz dance movements (including movement patterns across the floor) that are designed to enhance technical skills, enhance musicality, and encourage the development of individual expression. It also includes exercise(s), incorporating stretching, breathing, and centering.

Theatre

Students learn voice projection, body use, as well as developing and building confidence in their presentation skills.

Our mission: *To provide free, faith-based arts education and training to youth ages 5-17, who lack exposure to and access to fine art.*

For more information, please contact us at: 469-967-4838

2024 Fall REGISTRATION FORM

SECTION I ~ REGISTRANT INFORMATION

Child's Name: _____

Child's last name: _____

Address: _____

City: _____ Postal Code: _____

Date of Birth _____ Age _____

Gender: Male Female

Grade in School: _____

School Name: _____

City where the school is located: _____

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

Any health conditions or medications that may limit activities?

Yes No If yes, please list below:

SECTION II ~ PARENT/GUARDIAN INFORMATION

First and last name of parent/primary guardian:

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

List the cell phone provider (if you want to receive text alerts in addition to emails):

Email Address: _____

First and last name of parent/secondary guardian:

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

List the cell phone provider (if you want to receive text alerts in addition to email):

Email Address: _____

Emergency contact (if the Primary or Secondary listed above cannot be reached) First and Last Name:

Relationship with the child:

Phone number (____) _____

PLEASE TURN TO THE OTHER SIDE----->

SECTION III ~ CLASS INFORMATION

How did you hear about the Above The Clouds Texas program?

List the name and location of each interest class below:

Class Name: _____ Location: _____

Class Date _____ Class Name: _____

Location: _____

Class Date _____ Nombre Class: _____

Location: _____

Class Date _____

SECTION IV ~ VOLUNTEERING

Above The Clouds Texas is nurtured by parent volunteerism throughout each session. There are many ways to help and those who do will get the first chance of 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 had the opportunity. We are also looking to organize a committee of volunteers. Please let us know if you are interested or not by checking the appropriate boxes below:

- I want to volunteer this semester.
- I do NOT wish to volunteer this semester.
- I want to be part of the volunteer committee.
- I do NOT want to be part of the volunteer committee

SECTION V ~ CONSENT

During the course of the Above The Clouds Texas (ATC) program, we will from time to time take videos and still photos to be used for promotional, instructional, public relations, social media, or any other purpose permitted by law. Participants will not be notified in advance if the images will be used. In addition, there is no compensation to be paid for any of the photos or videos used by ATC.

- I consent to the use of videos and photographs.
- I do NOT consent to the use of videos and photographs.

I hereby RELEASE and RELEASE: Above The Clouds Texas, William McDonald YMCA, Worth Heights Community Center & LVTRise from any and all liability, claim, demand, or cause of action that the 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 may prohibit my child from participating in any kind of ATC or that go against the 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 removed from any class without notice if it is found to endanger, threaten, or indicate acts of violence to other participants, instructors, or any of the sites 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 while attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of being exposed to or infected by COVID-19 in classes may result from my and others' actions, omissions, or negligence, 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 classes. On behalf of myself, and on behalf of my children, I hereby release, agree not to sue, discharge, and hold harmless Above The Clouds Texas, its employees, agents, and representatives, from and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or related 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 classes.

By signing below, I agree to the above consent and that all information on this sheet is accurate to the best of my knowledge.

Signature (Parent/Guardian if under 18 years old) Date

Mail or deliver the 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 the completed form to: abovethecloudstexas@gmail.com