



**2016-2017 Dance/Gymnastics
August 2016 – June 2017
(Starting August 16, 2015)**

Members \$45.00 – Non- Members \$55.00 (Fees are Monthly)

Payment must be made by the first class of the month or there will be a \$15.00 late fee applied.

\$5.00 discount for each additional class taken (dance or gymnastics) \$5.00 discount for each additional child.

If you have any questions regarding a class placement please contact Briann Osborn at (270) 839-4660 or Ann Osborn at (270) 839-3544 or email at ahosborn@gmail.com. You can register online at www.hopkinsvilleymca.org.

Please visit on Facebook at: Image II Dance and Gymnastics

Monday Dance Classes

3:30 – 4:15 Combo
Ages 3-5 yrs old

4:15 – 5:00 Jazz/Tap
Ages 8-11 yrs old

5:00 – 5:45 Lyrical
Ages 8- 11 yrs old

5:45 – 6:30 Jazz
Ages 12 & Up

6:30 – 7:15 Lyrical/ Tap
Ages 12 & Up

Tuesday Dance Classes

3:30 – 4:15 Tap/Jazz
Ages 5 –6 yrs old

4:15 – 5:00 Combo
Ages 3-5 yrs old

5:00 – 5:45 Tap/Jazz
Ages 7–9 yrs old

6:00 – 6:45 Gym
Ages 7 and up

Wednesday Gym Classes

3:30 – 4:15 Gym
Ages 7-12 yrs old

4:15 – 5:00 Gym
Ages 7 and under

5:00 – 5:45 Gym
Ages 7 and up

Thursday Gym Classes

3:30 – 4:15 Tap/Jazz
Ages 8 - 10 yrs old (teacher rec. only)

4:15 – 5:00 Gym
Ages 9 and up

5:00 – 5:45 Gym
Ages 8 and under

Combo classes include: Tap/Ballet/Gymnastics

CHILD'S NAME: _____ AGE: _____ PHONE #: _____

ADDRESS: _____ DOB: _____

EMERGENCY CONTACT: _____ EMERGENCY #: _____

PARENT'S NAME: _____

EMAIL ADDRESS: _____

Waiver and Release

I acknowledge that the Hopkinsville/Christian County Family YMCA carries Liability Insurance and does not provide health or accident insurance for its programs. In consideration of my participation I do hereby agree to hold free from any liability the Hopkinsville/Christian County Family YMCA, Board of Directors and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare to be physically sound, having medical approval to participate in YMCA Dance program. I also hereby give the YMCA or other Medical Personal to obtain or give Medical Treatment. Signature: _____ Date: _____

"Image II" School of Dance & Gymnastics Release

The undersigned, as parent/guardian of _____
A child under age eighteen (18), give my permission to "Image II" School of Dance & Gymnastics and staff for my child to participate in various dance or Gymnastics classes and training which we have contracted for. I understand that these classes involve physical actives and my child has no medical condition or disability which would prevent him/her from participating. In consideration of the classes and training, I understand that Image School of Dance & Gymnastics has no legal responsibility or liability for physical injury or accidents which may occur during the course of the dance or Gymnastic classes or training or on the premises. I will be solely responsible for any and all medical expenses or damages incurred on the premises and hold Image II, Hopkinsville YMCA, and Staff harmless from such expenses or damages.

I, the parent of _____, give my permission for emergency medical treatment of my child if I can not first be contacted.

Signed this _____ Day of _____

x _____

(Parent/Guardian)