

Royal Ballet

Beginning, Intermediate Ballet will be taught with emphasis placed on love of dance. Dancers gain self-esteem, poise, and posture in a fun, safe environment. Providing children with an opportunity to explore the world of dance, enrich their appreciation for various forms of art while emphasizing correct technique in a positive class environment.

When: Monday/Tuesday or Saturday

Monday

Little Princesses (Ages 3-5) 10:00 am– 10:45am

Little Princesses (Ages 3-5) 10:50 am– 11:35 am

Tuesday

Little Princess (Ages 4-6) 4:00pm - 4:45pm

Saturday

Duchesses (Age 10 & up) 9:30am - 10:30am


Princess (Age 6-9) 10:30am - 11:30am



**Where: J.L. Sorenson Recreation Center
(5350 W Herriman Main Street)**

**Fee: \$35 per month,
No proration, no refund once the day of the first class.**

Kathryn Butler is the instructor of Ballet at J. L. Recreation Center. Kathryn has been teaching for 22 years. For Specific Program information Contact Kathryn at 801-571-1407

 For inclusion opportunities for people with disabilities, contact at 385-468-1520 or ahaddow@slco.org.

Registration

**Register online at www.activityreg.com
Or
J.L Recreation Center (5350 W. Herriman Main St.)**

No new student in the Month April, May or June



Royal Ballet



- Little Princesses (3-5 years old) 10:00am-10:45am Mon)
- Little Princesses (3-5 years old) 10:50am-11:35am (Mon)
- Little Princesses (4-6 years old) 4:00pm - 4:45pm Tues)
- Duchesses (10& up) Saturday 9:30am –10:30am
- Princess (6-9) Saturday 10:30-11:30 am



Name _____ Boy _____ Girl _____

Birth day _____ Age _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Home Phone _____ Work _____ Cell _____ In _____

Emergency Notify (other than parent / guardian) _____ Emergency Phone: _____

Email Address _____

Youth Sports Registration Statement

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

Assumption of Risk: I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

Release: In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

Indemnification: In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

Refund: Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

Equal Opportunity: Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, color national origin, sex, pregnancy, sexual orientation, gender identity, marital status, religion, age, genetic information, military or veteran status, and will upon request, provide reasonable accommodations to individuals with disabilities.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: _____

Signature (Parent or Legal Guardian): _____ Date _____



Check here to be contacted about inclusion opportunities for people with disabilities.

OFFICE USE ONLY.....Receipt #: _____ Amt.: _____ Date: _____ By: _____