



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

## Intro to Ballet/Tap

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Children Ages 5 & 6
- **Where:** Cedar Grove Community Center
- **When:** Tuesdays –  
March 12, 19, 26, April, 2, 9, 16, (skip 4/23), 30, May 7
- **Time:** 5:00-6:00pm
- **Fee:** \$90.00/child- \$10 late fee after 3/8/19 – **NO REFUNDS after 3/8**  
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE

- **Description:** Is an introduction to ballet/tap for ages 5-6. This class will teach your child about strength, flexibility, mobility, and control. Beginning ballet will teach the basics of proper alignment, ballet terms as well as creative use of scarves and introduction to different music forms. The class teaches the basics of tap through vocabulary, rhythmic analysis, and change of weight. The object of this dance form is to master the use of feet and body in playing melodic patterns and drumming out rhythms. The tap dancer **is** the music or in other words the composer. This ballet/tap class will also enhance balance, fitness, sense of rhythm, self-expression, coordination, musicality, as well as promoting self-discipline and boosting confidence.

### Ballet/Tap – Spring 2019

CHILD’S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) \_\_\_\_\_

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\$90.00**