

# Kent County Parks and Recreation

## DANCE CLASSES with TASHA SWINSON

### BALLET JAZZ/TAP CLASSES

Students will be introduced to the world of ballet through barre warm up, stretches, center practice and across the floor combinations. Students will be introduced to the world of Jazz and Tap. They will learn a variety of steps such as shuffle, dig, heel drops, toe taps, hip hop, musical theatre, and other dance genres. The ten week class will culminate with a recital for parents, friends, and other loved ones.

### HIP HOP CLASSES

Youth are invited to come learn all of the hip hop moves that R&B and Hip Hop singers and rappers dance to. A minimum of 8 participants is required. Adults are offered the perfect opportunity to learn all of today's latest hip hop moves while getting a fun exercise workout at the same time. A minimum of 8 participants is required for each class. The ten week class will culminate with a recital for parents, friends, and other loved ones.

### ABOUT OUR INSTRUCTOR

**Tasha Swinson** has more than 13 years of dance experience. Having studied dance since the fourth grade, Tasha has a degree in Dance from Salisbury State and will be teaching all dance classes. *Tasha will also be the lead instructor for our introduction to tumbling and gymnastics class on Saturdays!*

Fall Session: September 29 – December 12

Winter/Spring Session: January 5 – March 13

**\*\*Dance Recital Last Friday of Each Session\*\***

Class Days/Times/Dress/Cost				
Age Division	Day	TIMES	Uniform Needed	Cost
Baby Ballet/Jazz/Tap (5-8)	MONDAY	6:15-7 pm	Black Leotard, Pink Tights, Pink or Black Ballet Shoes, Tap Shoes	\$50/Session Or \$80 Both Sessions
Kinder Ballet/Jazz/Tap (9-12)	MONDAY	7-8 pm	Black Leotard, Pink Tights, Ballet Shoes and Tap Shoes	\$50/Session Or \$80 Both Sessions
Youth Hip Hop (9-12)	WEDNESDAY	6:15-7 pm	Sneakers and Comfortable Clothes for Dancing	\$50/Session Or \$80 Both Sessions
Teen/Adult Hip Hop (13-Adult)	WEDNESDAY	7-8 pm	Sneakers and Comfortable Clothes for Dancing	\$50/Session Or \$80 Both Sessions

**\*\*ALL CLASSES ARE HELD AT WORTON ARENA (KCPR) \*\***

**For More Information or to Obtain a Registration Form  
Contact Myra Butler at KCP&R @ 410-778-1986 or [mbutler@kentgov.org](mailto:mbutler@kentgov.org)  
or visit us online at [www.KentParksAndRec.org](http://www.KentParksAndRec.org)**

# KENT COUNTY PARKS & RECREATION

P.O. Box 67 \* Worton, MD 21678

410-778-1986/1948

## DANCE CLASS REGISTRATION

Please Check Class:  Baby Ballet/Jazz/Tap (Ages 5-8, 6:15-7 pm on Mondays)  
 Kinder Ballet/Jazz/Tap (Ages 9-12, 7-8 pm on Mondays)  
 Youth Hip Hop (Ages 9-12, 6:15-7 pm on Wednesdays)  
 Teen/Adult Hip Hop (Ages 13+, 7-8 pm on Wednesdays)

Check Session(s):  Fall (\$50)  Winter/Spring (\$50)  Both Sessions (\$80)

### PLEASE PRINT CLEARLY

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle Gender: Male / Female

Mailing Address: \_\_\_\_\_  
Street or P.O. Box (where mail is delivered) City, State, Zip

Home #: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(if under 18 years of age)

Parent/Guardian Cell/Work Phone: \_\_\_\_\_  
(if under 18 years of age)

### Medical/Physical Information – Information used only by instructor for safety and monitoring purposes.

Does the participant have any medical or physical conditions or family history that may inhibit his/her ability to participate?  Yes  No If yes, please explain: \_\_\_\_\_

### STATEMENT OF RELEASE AND WAIVER

I understand and am aware that any dance class is an intense, cardiovascular activity that requires individuals to be in adequate physical condition. As a participant in the program, I feel that I/my child is in good health and has no condition that could endanger my/his or her well-being through participation. I am hereby waiving and releasing Kent County Parks and Recreation, Leading Lady Enterprises, its officers, directors, employees and agents from any and all claims, costs, liabilities, expenses, or judgments arising out of my/my child's participation. Furthermore, I understand that before starting any program that I should, but am not required to, first visit my/my child's physician for approval and thorough evaluation of my/his or her physical ability to participate. I have read the above release and waiver and my signature reflects that I am in agreement.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student under 18 years of age)

### STAFF USE ONLY

FEE:  Fall \$50  Winter/Spring \$50  Both \$80

Date Paid \_\_\_/\_\_\_/\_\_\_ Cash \_\_\_ or Check # \_\_\_\_\_ Staff: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Date Paid \_\_\_/\_\_\_/\_\_\_ Cash \_\_\_ or Check # \_\_\_\_\_ Staff: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_