

# JEFFERSON TOWNSHIP RECREATION'S PERFORMING HEARTS



## CHALLENGER DANCE PROGRAM FOR THE SPECIAL NEEDS YOUTH OF JEFFERSON TOWNSHIP

- **Eligibility:** Open to girls and boys ages 5 to 18 (or the completion of high school) with physical or mental challenges.
- **Dance Program Description:** Dance programs feature creative rhythm movement to Broadway music and pop-chart favorites; styles include elements of ballet, jazz and percussive dance and the use of props. All sessions will include a short showcase performance (for those interested).
- **Program Faculty:** Dr. Patti Krapels is a Chiropractic physician specializing in pediatrics, and an experienced children's dance instructor.
- **Schedule:** Wednesdays from 4:00pm to 4:45pm.
- **Location:** Classes will continue to be hosted by our primary sponsor, The Dance Academy of North Jersey, located at 770 Route 15 South, Lake Hopatcong, NJ (behind the Dunkin' Donuts on Route 15 South). Directions can be found on the DANJ website: [www.danj.us](http://www.danj.us).
- **Registration:** Register online at [www.performinghearts.com/registration](http://www.performinghearts.com/registration) or by completing and submitting the registration form printed on the back of this form. Additional forms can also be downloaded at [www.performinghearts.com/registration](http://www.performinghearts.com/registration) or picked up at the Jefferson Township Recreation Office at Camp Jefferson, 81 Weldon Road.

**JEFFERSON TOWNSHIP**  
**PERFORMING HEARTS CHALLENGER DANCE PROGRAM**  
**2011-12 School Year Registration Form**  
**(All Fees Waived for 2011-12 Performing Hearts Challenger Dance Program)**

Today's Date \_\_\_\_\_

Child / Participant's Full Name \_\_\_\_\_

**NOTE: Please attach a copy of the child's birth certificate of verification even if she/he participated in the past!**

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Type of Disability \_\_\_\_\_

Please indicate any type of assistance Participant may need \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent / Guardian Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**PARENT / GUARDIAN PLEASE READ AND SIGN BELOW:**

I, \_\_\_\_\_ the parent/guardian of the registrant/participant, a minor, agree that the child/participant named above and I will abide by the rules and regulations of the Jefferson Township Recreation Department and its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with dance and all recreational activities; and, in consideration of the Participants participation, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Jefferson, the Jefferson Township Recreation Department, its supervisors, employees and all program volunteers, as well as other persons connected with Jefferson Township including the owners and operators of the facilities used for activities, against all claims, liabilities, and damages arising out of or in connection with the Participant's participation in this program.

**Please be advised that any injury must be reported immediately to the Participant's instructor or program supervisor. All insurance claims are to be processed through Participant's family/guardian or personal coverage first before being submitted to Jefferson Township.**

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND GIVE PERMISSION FOR MY CHILD (PARTICIPANT NAMED ABOVE) TO PARTICIPATE IN THE ABOVE DESCRIBED RECREATIONAL PROGRAM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I AM INTERESTED IN:  Assistant Instructor  Class Parent  Other (specify \_\_\_\_\_)

RETURN THIS COMPLETED FORM BY MAIL OR IN PERSON TO:  
The Dance Academy of North Jersey, 770 Route 15 South, Lake Hopatcong, NJ 07849; or  
Jefferson Township Recreation, Camp Jefferson, 81 Weldon Road, Lake Hopatcong, NJ 07849