



JEFFERSON TOWNSHIP RECREATION'S PERFORMING HEARTS CHALLENGER DANCE PROGRAM FOR THE SPECIAL NEEDS YOUTH OF JEFFERSON TOWNSHIP

Open House June 5th from 8:45am – 9:45am

Come and meet our instructors & experience their classes free!

- **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 will 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:** Sessions scheduled for 2010:
 - **Summer Dance:** 2 five-day sessions, July 12-16 & August 2-6, 10am – 11am
 - **After School Dance:** 11-week session, Wednesdays, September 8 thru November 17, 2010 from 4:00pm to 5:00pm.
- **Location:** Space for both sessions will be provided by one of our sponsors, The Dance Academy of North Jersey, located at 770 Route 15 South, Lake Hopatcong, NJ (directions to their facilities can be found on their website: www.danj.us)

Register for the Open House, Summer Dance and After School Dance Programs using the registration form on the back or online as follows:

- **Registration Forms:** available at the Jefferson Township Recreation Office at Camp Jefferson, 81 Weldon Road, the brochure racks located in the lobbies of the Jefferson Township Municipal Building and Public Library
- **Register Online:** at www.performinghearts.com

ALL FEES WAIVED FOR THE 2010 PERFORMING HEARTS CHALLENGER DANCE PROGRAMS

- **Contact Information:** Jefferson Performing Hearts Challenger Dance Program Director Sandy Gardner at 973-663-2009 or at sgardner@performinghearts.com OR The Jefferson Township Recreation Department at 973-663-8404

Performing Hearts, established in 2000, is a Morris County based non-profit corporation that provides children with physical and mental disabilities with opportunities to enjoy the art of dance (www.performinghearts.com).

JEFFERSON TOWNSHIP
PERFORMING HEARTS CHALLENGER DANCE PROGRAM
(All Fees Waived for 2010 Programs)

Today's Date _____

Registering for (Check one or more of the following):

Open House Summer Dance Session 1 Summer Dance Session 2 After School Dance

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:
Jefferson Township Recreation, Camp Jefferson, 81 Weldon Road, Lake Hopatcong, NJ 07849

DO NOT WRITE BELOW THIS LINE

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FOR RECREATION DEPARTMENT USE ONLY

Program Fee: WAIVED 2010 Programs Check # _____ Cash _____ Credit Card _____ Authorized By _____ Date _____
MAKE CHECKS PAYABLE TO "JEFFERSON TOWNSHIP". DO NOT SEND CASH IF REGISTERING BY MAIL.

*** The Township charges a returned check fee in the amount of \$20, and this fee is in addition to the original amount of your check.***