



2016 - 2017 DANCE

\$140



**A costume will need to be purchased for the recital. We will make every attempt to keep the costs at a bare minimum.*

Wednesday classes will start November 9, Monday & Tuesday classes will start the week of November 14 with the recital on April 13, 2017 (No school on April 14).

Classes MUST be paid for in advance. Please make check out to "Village of Suamico" and drop off at, or send to, 12781 Velp Avenue, Suamico, WI 54313.

Please refer to the next page for class listings (which includes days and times). All classes are 40 minutes in length, a schedule will be handed out at the first lesson and all classes will meet at the Idlewild Park Shelter.

Questions? Please contact Lisa Long at 920-676-8232.

First & Last Name					
Parent/ Guardians Names					
Gender	M / F	Birthdate		Age	Class Name & Time:
Experience	None	Beginner	Intermediate	Advanced	
Street Address					
City, State, Zip					
Daytime Phone #				Evening Phone #	
Cell Phone #				Email Address	
Emergency Contacts Name				Emergency Contacts Phone #	

I understand participation in recreation programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss and agree to assume these risks for my family and release the Village of Suamico, Lisa's Northstar Dance Studio, LLC, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. If you do not wish to have your photo taken or do not want your or your child's photographs in Village publications, please notify the photographer and/or program instructor. I am providing personal information solely for the purpose of participating in Suamico recreation programs, and would not provide this information otherwise, and do not wish for this information to be shared with parties outside of the Suamico Recreation Department.

Signature _____ **Date** _____

Refund Policy

Refunds will be given up to the registration deadline or the start of the program, whichever comes first. No refunds will be given after a program starts or a deadline has been reached. Please be aware that a \$5 processing fee will be incurred on all refunds.

Village of Suamico • 12781 Velp Avenue • Suamico, WI 54313 • (920) 434-8410
For program information, please visit www.suamico.org.

OFFICE USE ONLY

Date Registered: _____ Cash/Check/CC _____ Amount: _____ Receipt # _____ Staff Initials: _____

2016 - 2017 Class Schedule

BALLET			POMS		
Ages 6 - 8	Mondays	5:30 p.m.	Ages 6 - 8	Wednesdays	6:30 p.m.
BALLET/TAP			JAZZ/HIP-HOP		
Ages 3 - 5	Mondays	4:45 p.m.	Ages 4 - 6	Tuesdays	4:15 p.m.
Ages 3 - 5	Wednesdays	5:45 p.m.	Ages 7 -10	Wednesdays	5:00 p.m.
Ages 4 - 6	Tuesdays	5:45 p.m.	Ages 11-14	Wednesdays	7:15 p.m.
Ages 5 - 7	Tuesdays	5:00 p.m.	Ages 15+	Wednesdays	4:15 p.m.
Ages 8 +	Tuesdays	7:10 p.m.			

What to Wear:

A leotard is preferred, but is not required. Clothing that is comfortable to move in, but that is not too loose fitting in the legs is acceptable. No blue jeans please. Appropriate dance shoes are also required for the type of dance being taken. There are still some used leotards, dancewear and shoes available for sale at the first class. If you would like to order new dance shoes, please call Lisa at 920-676-8232

Tap = Black Tap Shoes **Ballet** = Pink Ballet Shoes

Jazz/Hip-Hop & Poms = Black Jazz or Black Ballet Shoes.

Additional Information:

Classes will be held at the Idlewild Park Shelter located at 1500 Cotton Drive, Suamico, WI 54173. Please note that all classes offered are beginning to intermediate levels. Recital will be held at Bay View Auditorium on April 13.

If interested in advanced, open or solo classes, or a class type not offered above, please contact Lisa at **920-676-8232** for scheduling or for more information.

You will be notified if classes and times change as they are subject to enrollment.

Lisa's Northstar
Dance Studio, LLC





2016 YOUTH DANCE

Parent & Athlete Concussion Information Sheet Cont.

Concussion Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs.

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously).

Why Should an Athlete Report Their Symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

What Should You Do if You Think Your Athlete Has a Concussion?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a healthcare professional.

For further information, go to www.suamico.org under the Recreation Tab.

Athlete Agreement Statement

I have read the Concussion Awareness Information and I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from any program activity until such time that a trained medical professional can examine me and approve my return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me to return to play in the activity.

I have read and fully understand this statement regarding concussions.

NAME OF ATHLETE (please print): _____

SIGNATURE OF ATHLETE: _____ Date: _____

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