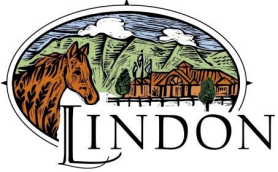


New at the Lindon Community Center: "Lindon Dance"



## Children's Dance Classes!!

Classes will introduce children to ballet, creative, and modern dance styles and techniques. Classes will help build a *solid technical foundation* in a *positive atmosphere* and will allow children to experience the joys of creativity and expression in dance.

**All classes in January are free!  
Come and try it out!**

Classes begin **Thursday, January 12, 2012** and run through May  
We will have a recital in May at the end of classes

Ages 4-5-----Thursdays from 4:00pm-4:50pm

Ages 6-8-----Thursdays from 5:00pm-5:50pm

For specific information on classes for other age groups, or with any other questions, call:  
801-785-9774

or email [alisonmurri@yahoo.com](mailto:alisonmurri@yahoo.com).

For registration information call the Lindon Community Center at 801-769-8625 or  
801-769-8637

Classes are \$20.00/month (after January)

**Instructor:** *Lindon resident, Alison Murri has been trained extensively in ballet and modern/contemporary dance techniques. In addition to receiving a scholarship for and a degree in dance (modern emphasis) from Brigham Young University, she also danced with "The Dancers' Company" at the university for 6 years – touring, performing, and teaching throughout the United States and in Australia and India. Alison has developed a broad base of experience working with numerous renowned choreographers and teachers, and has taught and choreographed for children ranging in age from 3 to 18. She is excited to share her love of dance with the children of our community.*

### **REGISTRATION INFORMATION**

To register your child for Lindon Dance you can come into the Lindon Community Center located at 25 North Main St. Lindon between 9 am -7pm (Monday-Friday)

Or

Online at [lindoncity.org](http://lindoncity.org) or [www.activityreg.com](http://www.activityreg.com)

Month of January is FREE! Months following will be \$20 per month.



## STUDENT INFORMATION

Name: \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ email address \_\_\_\_\_

Parent Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_

In Emergency Notify (other than parent/guardian) \_\_\_\_\_ Phone \_\_\_\_\_

*Please read this form carefully and be aware that by initialing and signing this document you will be waiving and releasing all claims for injuries that you, or your dependents, may sustain while participating in activities offered or sponsored by Lindon City's Division of Parks and Recreation*

As a registered participant, or legal guardian of a registered participant, in any activity offered or sponsored by Lindon City's Division of Parks and Recreation, I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the listed dependents, may sustain as a result of, or in any way connected with participating in any and all registered activities.

I do hereby fully release and discharge Lindon City, its employees and agents from any and all claims from injury, including death, damages or loss which I, or the listed dependents, may have or incur as a registered participant in an activity offered or sponsored by Lindon City's Division of Parks and Recreation.

I further agree to indemnify and hold harmless Lindon City, its employees and agents from and against any, and all, liability which may be suffered by myself or my listed dependent as a result of, or in any way connected with participation as a registrant in any and all activities offered or sponsored by Lindon City's Division of Parks and Recreation.

I understand that participants in Lindon City Parks and Recreation programs may be photographed for promotional purposes.

I understand that any athlete who exhibits signs, symptoms or behaviors consistent with a concussion such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Office Use Only

Month of registration \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Date received \_\_\_\_\_ Received by \_\_\_\_\_