



# Dance for Two

A class for toddlers and adults!

This class is designed for children 18 months to 3 years old to attend with a grown-up. Through song, movement and props, children will share a joy of dance and music. In an enriching environment children will learn to follow directions, take turns, basic dance vocabulary, team work and a love for song and movement.

*About our teacher Ariella Goldberg...*  
After teaching ballet in New York City for over 18 years, Ariella is excited to bring her expertise back to her hometown.

**Age:** Toddlers 18 months – 3 years accompanied by a grown-up

**Day:** Sunday

**Time:** 11–11:45 am

**Dates:** 10/17–12/5/2021

**Attire:** Children may wear traditional ballet clothes and ballet slippers or comfy clothes. No outdoor shoes.  
Adults should wear comfy clothes.  
No outdoor shoes

**Fee:** \$120 JCC members  
\$140 non-members

**Register today! Use the form on back. For further information, contact Sherri at 315-445-2040, ext. 126, or [slamanna@jccsy.org](mailto:slamanna@jccsy.org).**



SAM POMERANZ  
JEWISH COMMUNITY CENTER  
OF SYRACUSE

*A place where everyone belongs.*

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## Class Registration & Emergency Authorization

### BILLING INFORMATION (parent/guardian if applicable)

Last Name	First Name		
Address	City	State	Zip
Home Phone	Cell Phone	Email	

### PARTICIPANT(S) AND CLASS SELECTION(S)

Name	Class	Day(s)	Time	Fee
1.				
2.				
3.				
4.				

Payment:  Cash  Check  Credit Card (Visa, MC, Discover, Amex) Total Amount Enclosed \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ JCC Member?  Yes  No

### EMERGENCY AUTHORIZATION

**PLEASE NOTE: The JCC must have a current Emergency Authorization for medical treatment of minors on file for each participant in its programs.**  
I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care and/or hospitalization for the below named minor(s) during the period of Sept. 1, 2021 through August 31, 2022, in the event of my unavailability.

Name	Date of Birth	Allergies/Special Conditions
1.		
2.		
3.		
4.		

Medical/dental/hospitalization coverage for above named minor(s):

Insurance company/government program \_\_\_\_\_ ID/contact/group # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

### PUBLICITY RELEASE

I hereby  give  do not give permission for my above named child(ren) to be used in any JCC of Syracuse photos, videos, publicity or promotional pieces.

### AGREEMENT/RELEASE SIGNATURE

I recognize that participating in athletic/recreation programs have certain inherent risks for which the Jewish Community Center of Syracuse, Inc., is not liable. I hereby, for myself, executors and administrators, waive and release any and all claims for damages I may seek against the JCC or places used by the JCC in conjunction with this athletic/recreation program. I also

recognize that medical expenses I may incur in connection with participation in this athletic/recreation program are my own responsibility. I hereby appoint the appropriate JCC staff to act on my behalf in authorizing unexpected medical, dental, surgical or hospital care should I be unable to do so. I have read the preceding paragraphs as acknowledged by my signature below.

Signature \_\_\_\_\_

Date \_\_\_\_\_