



# Hip Hop Dance Class

Sponsored by St. James UMC Activities Ministries

**Get up and get moving!**

Have fun dancing to great music while improving your balance and coordination. Learn some moves that you won't learn in any other dance class. Invite friends to be a part of this high energy experience with you.

Stan Jones has taught Hip Hop to all ages for over six years. He loves teaching this class and the kids love him. Stan has taught Hip Hop at Crunch Fitness and Atlanta Ballet as well as choreographing numerous school dance-team shows and recitals. Stan has also conducted several Hip Hop clinics and camps around the metro Atlanta area. In addition, Stan works with numerous private schools in the Atlanta area on cardio and physical fitness programs.

**Age: 7 years by 12/31/09 through 8th graders**

**\$130**

**Thursdays**

**4:30– 5:30 pm**

**October 29—February 11**

**excluding Nov. 26, Dec. 24 and Dec. 31**

\*No refunds for missed classes.

**For more information, contact Elizabeth Johnson**  
*EJohnson@StJamesAtlanta.org*      404-261-3121

## Registration for

### Hip Hop Dance Class

Office Use Only  
D.R. \_\_\_\_\_ D.O. D. \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Pediatrician:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Allergies or special concerns:** \_\_\_\_\_

Checks must accompany registration. Payment must be received prior to first class. Make checks payable to **St. James UMC** and return to the CHURCH office.

Parental agreement: I understand that neither St. James United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from class, while attending class, or in any class activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_