

Department of Culture and Humanities / Arts and Humanities Division **Performing Arts**832 Arlington Center / Ada, OK 74820 / (580) 235-0512 / Email address: Performance@Chickasaw.net

2024-2025 Dance Season Application

Name:	Middle	Last	Suffix
Affiliation: (Please select one that best a	pplies to the student.) \$0 per month \text{Other tribe \$1}		C
Mailing address:		_	
	•	State	ZIP
Physical address: Street	City	State	ZIP
Do you receive text messages?			
	y September 2024:	T-shirt size:	Grade:
riease list arry allergies the stud	ent has that employees need to	be aware or	
affect class selection.			
Parent/legal guardian no. 1: (P	lease complete this section if the student is a	minor.)	
Name:			Suffix
Name: First	Middle	Last	Suffix
Name: First Birth date: (Required for security purpos	Middle Email address:es)	Last	
Name: First Birth date: (Required for security purpos) Home phone no.: ()	Middle Email address: es) Cell phone no.: (Last	
Name: First Birth date: (Required for security purpos) Home phone no.: () Do you receive text messages?	MiddleEmail address:es)Cell phone no.: (Last	
Name: First Birth date: (Required for security purpos) Home phone no.: () Do you receive text messages? Parent/legal guardian no. 2: (P	Middle Email address: es) Cell phone no.: (Yes □ No lease complete this section if the student is a	Last	
Name: First Birth date: (Required for security purpos) Home phone no.: () Do you receive text messages?	Middle Email address: es) Cell phone no.: (Yes □ No lease complete this section if the student is a	Last	
Name: First Birth date: (Required for security purpose the phone no.: () Do you receive text messages? Parent/legal guardian no. 2: (P) Name: First	Middle Email address:es) Cell phone no.: (Yes □ No lease complete this section if the student is a	Last minor.) Last	Suffix
Name: First Birth date: (Required for security purposed to the securi	Middle Email address: Ses) Cell phone no.: (Yes □ No Rease complete this section if the student is a Middle	Last minor.) Last	Suffix
Name: First Birth date: (Required for security purpos) Home phone no.: () Do you receive text messages? Parent/legal guardian no. 2: (P) Name: First Birth date: (Required for security purpos) Home phone no.: ()	Middle Email address:es) Cell phone no.: (Yes □ No lease complete this section if the student is a Middle Email address:es) Cell phone no.: (Last minor.) Last	Suffix
Name: First Birth date: (Required for security purposed to the securi	Middle Email address:es) Cell phone no.: (Yes □ No lease complete this section if the student is a Middle Email address:es) Cell phone no.: (Last minor.) Last	Suffix
Name: First Birth date: (Required for security purpos) Home phone no.: () Do you receive text messages? Parent/legal guardian no. 2: (P) Name: First Birth date: (Required for security purpos) Home phone no.: ()	Middle Email address:es) Cell phone no.: (Yes □ No lease complete this section if the student is a Middle Email address:es) Cell phone no.: (Last minor.) Last	Suffix

Emergency contacts: (Ple	ease list two individuals other than pare	nts/legal guardians previously listed to	call in case of an emergency.)	
Name and relationship:		Phone no.: (Phone no.: ()	
Name and relationship:		Phone no.: (_)	
Authorized to pick up st	udent: (Please list individuals who a	re authorized to pick up the student (m	ust show ID to studio staff if not a	
parent/legal guardian).)				
Name:		Name:		
	ayments: nce students perform once in that they have learned with f	. • .	is is to gain performance	
Parents/legal guardians as dance class participation.	re responsible for shoes, leo	tards, tights, dance bags and	d other items needed for	
before the performance. T	dancer per class for the spr he pre-pointe and technique do not have a costume fee.	classes do not perform a da	•	
	on the 1 st of each month and rds are all accepted forms of unenrolled from classes.			
Choose classes for which	h you wish to register:			
	Monday		Tuesday	
☐ Pre-pointe III* (ages 10+) 4:00-4:30 p.m. CST	☐ Ballet I #1 - advanced** (ages 5-6) 4:00-4:30 p.m. CST	☐ Ballet II - beginner/intermediate (ages 7-9) 4:00-5:00 p.m. CST	☐ Pre-dance (age 3) 4:15-4:45 p.m. CST	
☐ Ballet III - advanced** (ages 10+) 4:30-6:00 p.m. CST	☐ Jazz I #1 (ages 5-6) 4:30-5:00 p.m. CST	□ Ballet III - beginner/intermediate (ages 10+) 5:00-6:00 p.m. CST	☐ First steps #1 (age 4) 5:00-5:30 p.m. CST	
□ Jazz II (ages 7-9) 6:00-6:45 p.m. CST	☐ Tap II (ages 7-9) 5:15-6:00 p.m. CST	☐ Technique III (ages 10+) 6:00-6:45 p.m. CST	☐ First steps #2 (age 4) 5:45-6:15 p.m. CST	
			☐ Ballet I #2 (ages 5-6) 6:30-7:00 p.m. CST	
Wednesday		Thui	rsday	
☐ Modern III (ages 10+) 4:00-5:00 p.m. CST	☐ Ballet I #3 (ages 5-6) 4:00-4:30 p.m. CST	☐ Modern II (ages 7-9) 4:00-5:00 p.m. CST	☐ Tap I (ages 5-6) 4:30-5:00 p.m. CST	
☐ Performance Group*** (ages 7+) 5:00-6:00 p.m. CST	☐ Jazz I #2 (ages 5-6) 4:30-5:00 p.m. CST	☐ Ballet II - advanced** (ages 7-9) 5:00-6:00 p.m. CST	☐ Tap III (ages 10+) 5:00-6:00 p.m. CST	
			☐ Jazz III (ages 10+) 6:00-7:00 p.m. CST	
•	ss(es) to enroll your student net and she will be happy to	in, please contact Katie Nob help place your student in th		

Katie.Noble@Chickasaw.net and she will be happy to help place your student in the class(es) that will serve them best.

*Pre-pointe is a strength-building class done in ballet slippers and designed to prepare ballet dancers for pointe. All students in this age group are welcome, however, being enrolled in ballet is preferable.

Ballet I, II and III advanced requires past ballet experience with our studio as well as a high level of classroom etiquette. Placement is decided by the ballet instructor and the student must be invited into the advanced class. All new students will start in the beginner/intermediate classes, there will be a two-week evaluation period in which it will be determined if any students should be moved to ballet I, II or III advanced. *Performance group will start in January 2025. This group will meet to learn and practice choreography to be performed in various events throughout the spring semester. This class requires passing the audition to join or can be invited by Katie Noble. The audition will be held in December 2024. Dancers must be 7 years and older to be considered.

Attendance commitment:

I understand and agree that by signing my student up for classes with the Chickasaw Nation Dance Studio, I am committing to having my student attend scheduled classes on time and for the full duration of the class for the 2024-2025 dance season to the best of my abilities. I further understand that failing to do so may result in my student's removal from the class and/or performance.

Chickasaw Nation citizen priority:

I understand that this program is first and foremost designed for Chickasaw citizens who will be given priority when setting enrollment.

Pa	rent/legal guardian consent, release, waiver of liability and indemnification:
	consideration of my student being permitted to participate in, on behalf of my student, myself, my heirs, executors, administrators and assigns, hereby state that:
1.	I believe that my student is physically and mentally capable of participating in, I knowingly and freely assume any and all risks, both known and unknown, of illness, injury, death, damage and/or loss to my student, to others and/or to property that might be associated with or result from my student's participation in, even if arising from the negligence of the Chickasaw Nation or others.
2.	I release and forever discharge the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, representatives, successors and assigns of and from all liability, claims, demands, damages, cost, expenses, actions and causes of action in respect of death, injury, loss or damage to my student or property, however caused, arising or by reason of or during my student's participation in, whether prior to, during or subsequent to my student's participation
	notwithstanding that any claim may have been contributed to or occasioned by the negligence of the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns.
3.	I agree to indemnify and hold harmless the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns, from and against any and all liability incurred by the Chickasaw Nation or damage to any property thereof arising as a result of or in any way connected to my student's participation in
4.	I grant permission to the Chickasaw Nation, its agents or employees to photograph, record, film and

videotape my student during the event/program and to use such materials in any and all publications, educational materials, research, marketing, advertising, news media and web materials for future promotion of the Chickasaw Nation, its programs and events. I understand and agree that such materials, including all negatives, positives, digital images, prints, recordings or anything derived therefrom created by the Chickasaw Nation, will become and remain the sole property of the Chickasaw Nation and I will have no right or title to such items. If I should receive any print, negative, recording or copy, I will not authorize its use by anyone else. I will have no right of approval, no claim to any compensation, now or in the future and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form. I understand and agree that these materials may be kept on file and used for future purposes. I hereby agree to release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication or dissemination of such materials now or in the future.

- 5. I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights or immunities by offering and hosting this event/program.
- 6. In case of an accident or need for emergency medical attention, I permit the studio staff to take my student to a medical provider and/or emergency facility of the Chickasaw Nation's choice. I understand that all expenses for treatment provided to my student will be borne by me.

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7. I understand that my student is required to follow all aspects of the program's code of conduct and dre code. Failure to adhere to these policies will result in dismissal from the program and all related event				
This consent, release, waiver of liability and indemn permitted by the applicable laws of the Chickasaw N				
Parent/legal guardian signature	Date			
	in person at the Chickasaw Nation Dance Studio. mission is 09/16/2024.			
For more information, please call the Chic	ckasaw Nation Dance Studio at (580) 235-0512.			