Above The Clouds Texas

2026 Summer class information and registration form

Above The Clouds Texas
Office location (Inside the William McDonald YMCA
2701 Moresby Street
Fort Worth, TX 76105

Not An Ordinary Arts Program!

Above The Clouds Texas
Free arts education classes
Classes this summer

Classes at all sites are FREE!

Classes at William M McDonald YMCA – 2701 Moresby St., Fort Worth, TX 76105

July 13-16	Beginning Ballet	ages 5-8	4:45-5:45 p.m.
Jul 27-30	Beginning Ballet	ages 9-12	4:45-5:45 p.m.
July 20-23	Hip hop	ages 9-12	4:45-5:45 p.m.
August 18-20	Creative Movement	ages 9-12	4:45 -5:45 p.m.

Eastside YMCA 1500 Sandy Lane, Fort Worth, TX 76112

June 2-4	Beginning Ballet	Ages 5-8	5:00-6:00 p.m.
June 9-11	Hip Hop	Ages 6-10	5:30-6:30 p.m.

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Class Description

Hip Hop

Students will learn the basics of hip-hop and short choreography comma as well as learn to be comfortable with improvisation.

Ballet

Students will learn the fundamentals of ballet, including the five foot positions, basic bar combinations and basic center and floor work.

Creative Movement/Dance Fusion

Dance Fusion**"** class where students will learn a combination of styles including Ballet, Hip-Hop, Jazz, and Jazz Funk throughout the course. The movements are designed to complement and connect with one another. Creative Movement (Dance Fusion) is a class where students are introduced to a variety of dance styles through choreography.

Students will learn dance terminology, foundational techniques, and routines that incorporate multiple styles, helping them become comfortable with diverse movement and combinations.

Our Mission: to provide free, faith-based arts education and training to youth ages 5-17, who lack exposure to and access to fine art.

For more information, please contact us at: 469-967-4838

SECTION II ~ PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian First & Last Name:

_____

Home Phone (____)_____ Cell Phone (____)_____

List Cell Phone Carrier (If you would like text alerts in addition to emails):

_____

Email Address: _____

Secondary Parent/Guardian First & Last Name:

_____

Home Phone (____)_____ Cell Phone (____)_____

List Cell Phone Carrier (If you would like text alerts in addition to email):

_____

Email Address: _____

Emergency Contact (if Primary or Secondary listed above are not reachable) First & Last Name:

_____

Relationships to child: _____

Phone Number (____)_____

SECTION III ~ CLASS INFORMATION

1st time taking Above The Clouds Texas Classes? ☐ Yes ☐ No
If yes, how (internet, friend??)_____

List Name, Day, and Location of Each Class of Interest Below:

Class:_____Day_____Location_____

Class:_____Day_____Location_____

Class:_____Day_____Location_____

SECTION IV ~ VOLUNTEERING

Above The Clouds Texas thrives on parents volunteering throughout each semester. There are many ways to help and those that do will be given the first opportunity for special events as they arise. If you choose not to volunteer it does not mean that you will never be able to participate in any of the special events, however, it will be offered only if there is still availability after volunteers have been given the opportunity. We are also looking to organize a volunteer committee. Please let us know if you are interested or not by checking the appropriate boxes below:

- ☐ I wish to volunteer this semester
- ☐ I DO NOT wish to volunteer this semester
- ☐ I wish to be a part of the volunteer committee
- ☐ I DO NOT wish to be a part of the volunteer committee

SECTION V ~ CONSENT

During the course of the program, Above The Clouds Texas (ATC), we will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposes allowed under the law. Participants will not be notified ahead of time if footage is used. Also, there is no compensation to be paid for any of the photos or videos used by ATC.

- ☐ I consent to the use of video and still photography.
- ☐ I DO NOT consent to the use of video and still photography

I hereby RELEASE and DISCHARGE: Above The Clouds Texas (ATC), William M McDonald YMCA, Eastside YMCA and City of Ft. Worth Community Center, from any and all liability, claims, demands or causes of action that registrant/you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class(es). There are no medical or physical conditions that might prohibit my child from participating in any ATC classes or would be against doctor's recommendation and any limitations have been listed in Section I of this form. I also understand that my child or I may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the classes. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Above The Clouds Texas, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Above The Cloud Texas, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the classes.

By signing below, I agree to the above consent and that all the information on this sheet is accurate to the best of my knowledge.

_____/_____

Signature (Parent/Guardian if under 18) Date

Mail or drop off forms at:
Above The Clouds Texas
Office location (Inside the William McDonald YMCA)
2701 Moresby Street
Fort Worth, TX 76105

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2026 Summer REGISTRATION FORM

SECTION I ~ REGISTRANT INFORMATION

Child's First Name: _____

Child's Last Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth_____ Age _____

Gender: ☐ Male ☐ Female

Grade in School: _____

Name of School: _____

City Where School is Located: _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian

☐ Hispanic ☐ Hmong ☐ Other (please list): _____

Any health conditions or medications that may limit activities?

☐ Yes ☐ No If "Yes" please list below:

_____

PLEASE FLIP OVER TO THE OTHER SIDE ----------→