

# Above The Clouds Texas



## Above The Clouds Texas

Office location (inside the William McDonald YMCA  
2701 Moresby Street  
Fort Worth, TX 76105

**Not An Ordinary Arts Program!**

**2026 Winter/Spring  
class information  
and registration form**

**Above The Clouds Texas  
Free arts education classes  
January 19 through May 14, 2026**

**Classes at all sites are FREE!**

**No classes in the week of March 16-20 for spring break!**

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

Mondays	Jazz	5:00-6:00 p.m. Ages 6-10
Tuesdays	Hip Hop	5:00-6:00 p.m. Ages 6-10
Tuesdays	Tap	4:45-5:45 p.m. Ages 5-8
Wednesdays	Beginning Ballet	5:00-5:50 p.m. Ages 5-8
Thursdays	Beginning Ballet	5:15-6:15 p.m. Ages 9-12

**Eastside YMCA 1500 Sandy Lane, Fort Worth, TX 76112**

Tuesdays	Beginning Ballet	5:00-6:00 p.m. Ages 5-8
Wednesdays	Hip Hop	5:30-6:30 p.m. Ages 6-10

**Worth Heights Community, Center 3551 New York Avenue, Fort Worth, TX 76110**

Mondays	Hip Hop	4:30-5:30 p.m.	Ages 6-10
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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.

**Jazz**

Students will learn combinations of jazz dance movements (including movement patterns across the floor) that are designed to enhance technical skills, enhance musicality, and encourage the development of individual expression. It also includes exercise incorporating stretching, breathing and centering.

**Tap**

Students will learn basic tap skills and terminology. Fundamentals such as balance and general alignment are also introduced at this level. No experience needed. Shoes provided.

**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

1<sup>st</sup> 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 from time to time 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 myself 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

**Not An Ordinary Arts Program**

## 2026 Winter/Spring 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 -----→