

Me, Myself and Dance

A Healthy Alternative to Having Fun!



MISSION

The Fierce Squad is a mentorship program that is dedicated to improving relationships, behavior and self esteem through dance. The mission of the community summer dance camp is to use high school students to reach out to the youth from ages 7-17 in Rockdale County who have an interest in the art of dance with an emphasis on self-esteem and relationship building as well as health awareness.

OBJECTIVES:

- To provide parents with a reasonable summer camp that will allow their daughters to:
 - a. Learn different forms of dance
 - b. Form positive relationships with high school dance member and other young girls
 - c. Learn about what it takes to build character, self-esteem and healthy habits
- To offer quality dance instruction to young girls from the ages of 7-17 while promoting self-esteem and health awareness.
- To ensure a safe and orderly environment structured around the art of dance, character building and health awareness

COORDINATOR(S): Mrs. K. Davis, (RCPS, HHS Employee, Fierce Squad Coach) & Mrs. Tameka Singh (RCPS Employee, Rockdale County Mentor Specialist)

DATE(S): Monday, June 23rd – Friday June 27th

GENDER: Female

AGE GROUPS: 7-17 years of age

POTENTIAL NUMBER OF GIRLS: *Minimum: 15-20, Maximum: 35-40*

RATIO: 7:1

COST: \$35.00 per session or \$65.00 for both sessions **CASH ONLY!**

- *The fee would cover:*
 - ✓ Opportunity for camp member to obtain strategies on how to build their self-esteem and healthy habits
 - ✓ Positive, appropriate dance instruction from camp choreographers
 - ✓ Camp T-Shirt
 - ✓ Light Healthy Snack (promotes focus on healthy habits)

*Paperwork and payment must be turned in by **June 19, 2014** to the coordinator, Mrs. K. Davis by 2:00 p.m. at Heritage High School. Please direct all questions to kdavis@rockdale.k12.ga.us*

DEADLINE: Paperwork and payment must be turned in by **June 19, 2014** to the coordinator, Mrs. K. Davis by 2:00 p.m. at Heritage High School.

LOCATION: Heritage High School Gymnasium

TIME

Morning Session: 8:00-12:00
Afternoon Session: 1:00-5:00

CAMP ATTIRE: *Team Shirt, Dance Sneakers or Light Weight Tennis Shoes, NO JEANS!*

TENTATIVE SCHEDULE ACTIVITIES

- 8:00-9:00 a.m.
- 1:00-2:00 p.m.
 - Healthy Habits Awareness
- 9:00-11:00 a.m.
- 2:00-4:00 p.m.
 - Dance Instruction with Camp Choreographers
- 11:00-11:30 p.m.
- 4:00-4:30
 - Self Esteem Builder Activity
- 11:30-12:00
- 4:30-5:00 p.m.
 - Snack/Lunch Time
- 12:00 p.m. - Morning Session Camp Dismisses
- 5:00 p.m. - Afternoon Session Camp Dismisses

ONGOING MENTORSHIP INITIATIVE

Provide mentoring and tutoring to middle school students after school
2012-2013 team members who have off periods during the school year can visit
elementary school camp members with parents approval of this initiative

CONTACT INFORMATION:

Mrs. K. Davis, Ed.S.

- Heritage High School
- Business Education 9-12
- Fierce Squad Founder and Coach
- kdavis@rockdale.k12.ga.us

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Summer Camp Participant Application Form

Participant's FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
ADDRESS:	CITY/STATE:	ZIP CODE:
Parent/Guardian FULL NAME:	Parent/Guardian EMPLOYMENT:	
Parent/Guardian PHONE NUMBER:	Parent/Guardian EMAIL ADDRESS:	
EMERGENCY PHONE NUMBER & CONTACT NAME:	EMERGENCY PHONE NUMBER & CONTACT NAME:	
PARTICIPANT AGE:	Participant's current SCHOOL NAME:	
Participant's GRADE LEVEL	Participant's SHIRT SIZE Youth: † <i>Small</i> † <i>Medium</i> † <i>Large</i> Adult: † <i>Small</i> † <i>Medium</i> † <i>Large</i>	
Please check the TIME SESSION that you would like for your child to attend:	† <i>Morning Session: 9:00 a.m.-12:00 p.m.</i> † <i>Afternoon Session: 1:00 a.m.-5:00 p.m.</i>	
List any FOOD ALLERGIES that your child may have:	List food allergies here.	
List any HEALTH CONCERNS that the summer camp should be aware of:	List all health concerns here.	
List any DANCING HISTORY that your child has.	Dance History:	

**This form must be completed and on file before a child can participate in the Fierce Squad Camp.*

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Summer Camp Participant Transportation Form

Participant's FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
ADDRESS:	CITY/STATE:	ZIP CODE:

— Please list the names of the people who have permission to pick up your child.

Name: _____

Phone Number: _____

Primary

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Secondary

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

It is understood that the following person(s) listed above have the authority to pick up my child from the Me, Myself and Dance Summer Camp.

Primary Parent Signature: _____

Primary Parent PRINT NAME: _____

Date: _____

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