

Important Summer Camp Information Packet

Please contact Cristina Singleton if you have any questions.

csinglet@ccisd.net

832-221-2459

- * Alternate Transportation Form is only for Officers and for any Line Member not taking the bus to or from T Bar M.

NOTE: An additional item not in this packet is the green physical form, which must be completed with proof of insurance and turned in to Mrs. Singleton before or on July 16.



Pre-Line Camp Schedule

Thursday, July 16

- 9:30-10:00 Dance and SoCo Officers meet in dance room
- 10:00-10:30 Officer Speeches
- 10:30-12:00 Stretching, Stamina, and Technique
- 12:00-1:00 Lunch
- 1:00-2:00 Becca, Lauren, Haley teach field entrance and exit
- 2:00-3:00 Pass out uniforms and announcements

Friday, July 17

- 9:30-10:00 Dance and Soco meet
- 10:00-11:15 Stretching and stamina and technique
- 11:15-12:00 Jr. Officers teach stand routines, fight song and school song
- 12:00-1:00 Lunch
- 1:00-3:00 learn audition piece for Jazz Co. Auditions

Saturday, July 18

- 9:30-10:00 Dance and soco meet
- 10:00- 11:00 stretching and stamina and technique
- 11:00-12:00 review entrance and exit, stand routines and songs. Audition for Jazz Co.
- 12-1 Lunch
- 1:00-3:00 Pass out field uniforms

Schedule and attire for Camp at T Bar M

***** Bring Sack Lunch for 1st day
and 2 dollar bills*****

July 20 (Monday)

What to wear: hair in NEAT ponytail w/ poof and ribbon

On bus: Friday shirt and shorts and sneakers (no flip flops)

We will eat your own sack lunch when we get there.

During Lunch change into: black ribbed tank, black bermudas, tan jazz shoes or paws. Please always carry warm up jacket or Friday shirt with you to cover up.

**8:30 am Roll call and load busses
12:00pm Arrive, and eat lunch
1:00pm Routine Practice #1
5:00pm Clean Up
5:45pm Dinner
7:00pm Team building and Initiatives
9:00pm Fun stuff w/ T Bar M
10:15pm head to rooms

July 21 (Tuesday)

What to wear: hair in NEAT ponytail w/ poof and ribbon

Black leo, black clamdiggers, tan jazz shoes or paws. Please always carry warm up jacket or Friday shirt with you to cover up.

7:00am Wake up
8:00am Breakfast
9:00am Routine Practice #2
12:30pm Lunch
1:30pm Routine Practice #3
5:00pm Clean up
5:45pm Dinner
7:00pm Team building and Initiatives
9:00pm Fun stuff w/ T Bar M
10:15pm head to rooms

July 22 (Wednesday)

What to wear: hair in NEAT ponytail w/ poof and ribbon
brown cami top, black jazz pants, black jazz shoes or paws. Please always
carry warm up jacket or Friday shirt with you to cover up.

7:00am Wake up and pack
8:00am Breakfast
8:45am High Ropes Challenge
9:45am open TBA
12:30pm Lunch and wrap up
1:30pm Depart

July 23 (Thursday) @Clear Brook

What to wear: hair in NEAT ponytail w/ poof and ribbon
purple cami top, gray Bermuda pants, tan jazz shoes or paws.

8:30am Roll Call and Warm-up
9:00am-12:00pm Morning session
12:00pm-1:00pm Lunch Break (you may leave or bring sack lunch)
1:00pm-4:30pm Afternoon Session

July 24 (Friday) @ Clear Brook

What to wear: hair in NEAT ponytail w/ poof and ribbon
Pink vintage shirt, brown boy shorts, tan jazz shoes or paws.

8:30am Roll Call and Warm-up
9:00am-12:00pm Morning session
12:00pm-1:00pm Lunch Break (you may leave or bring sack lunch)
1:00pm-4:30pm Afternoon Session

Practice Attire order for 2009-2010

Monday:

Black Ribbed Tank Top
Black Bermuda Pants

Tuesday:

Black Leo
Black Clamdiggers

Wednesday:

Brown Cami Top (or White Celebrity Top)
Black Jazz Pants

Thursday:

Purple Cami Top
Gray Bermuda pants (or Cargo Capri Pants)

Friday:

Pink Vintage Shirt (or Empire Leo)
Brown Boy Shorts (or Black Clamdiggers)

Camp Packing List

One Suitcase

- deodorant
- soap
- shampoo/ conditioner
- toothbrush
- toothpaste
- feminine products
- hair rubber bands
- bobby pins/ hair pins
- hair brush
- gel
- baby powder
- make-up
- change for vending machines
- money for Tin Star Store
- water bottle
- sweat rag
- snacks
- undergarmets
- pj's
- sneakers
- red tote bag
- black ribbed tank
- black leo
- brown cami
- black bermuda pants
- black clamdiggers
- black jazz pants
- warm up jacket
- warm up pants
- jersey t-shirt
- regular bra
- black sports bra
- hair ribbon
- money for t-shirts, etc.
- cameras (if you want)
- comfortable clothing; shorts should be appropriate for high ropes courses
- athletic shoes
- modest swimsuit (one piece or two piece with tank top)
- beach towel
- knee pads
- flashlight
- ***clothes you don't mind getting ruined



Challenge Course Programs

AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE

Group Name: _____

T Bar M and the Challenge Course Programs requires all participants to sign this release form in order to be eligible to participate in programmed activities.

The undersigned acknowledges that during the program certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people, being at various heights (ground to 35') and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury not excluding fatality due to accidents that may occur resulting from the challenge course experience or other type of activities. While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will hold T Bar M Inc., the Center for Christian Growth Inc., it's owners, directors, employees, and/or associates, harmless from any and all liability, actions, causes or actions, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in this program. In short, I, along with my family or heirs, cannot sue T Bar M Inc., the Center for Christian Growth Inc., its owners, directors, employees, and/or associates. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my participation in this program is entirely voluntary.

In the event of any emergency, I hereby give permission to the physician selected by _____ to hospitalize, secure proper treatment, and to
(Your Group Leader's Name)
order injection, anesthesia, or surgery.

Participant

Date

Parent/Guardian

Date

(Must sign for participants under 18)

T BAR M CHALLENGE COURSE PROGRAMS MEDICAL QUESTIONNAIRE

To be filled out by parent or guardian:

Name of student: _____ Sex: _____
Birthdate: __/__/____ Social Security Number: ____-____-____
Home Address: _____
City: _____ State: _____ Zip: _____

In an emergency notify: _____ Phone: () _____
Relation to student: _____
Name: _____ Phone: () _____
Relation to student: _____

I understand a reasonable effort will be made to contact parents or guardians of the student. In the event I cannot be reached, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, named above.

Signature: _____ Immunizations:
Date: _____ DPT Booster: _____
Day Phone: () _____ Polio: _____
Night Phone: () _____ Mumps: _____
Measles: _____
Rubella: _____

Medical History

Known diseases or conditions: Asthma, heart, kidney, epilepsy, diabetes, anemia, lungs, allergies:

Difficulties: Nose bleeds, sore throats, colds, bed-wetting, other: _____
Physical handicaps or deformities: _____
Is the student taking medication? _____ Type: _____ How often: _____
Dosage: _____

Are you sending a prescription to T Bar M? yes no

While at T Bar M, your child will be covered under an insurance policy that will pay up to \$250 non-duplication for any accident or illness that is course related. However, in the event you child is in need of medical attention due to an illness unrelated to the course, (i.e. appendicitis, dental problems, and illnesses he/she brought with them, etc.) please be advised that it is not covered by the policy. He/she will, of course, receive prompt medical attention any time it is needed, for any reason. Is the child covered under hospitalization insurance? If so,

Carrier: _____ Policy Group Number: _____

Name of family physician: _____
Phone number: _____

Parent or Guardian: _____ Date: _____

Additional Information or Comments:

Crowd Pleaser Dance Camps, Inc.
Camp Waiver Form

A school sponsored dance/drill team activity of choreographic instruction and performance has been scheduled by your child's director/sponsor for the period of _____ through _____. A teacher or adult sponsor will be in attendance during this activity. If you wish your child to participate in this event, please sign the permission slip below and return it to the teacher/sponsor. If necessary, additional information concerning this activity may be obtained by calling _____.

Director/Sponsor

Organization

The undersigned, being the parent or legally appointed and qualified guardian of _____ does hereby consent to said student's participation in the school-sponsored activity of dance/drill team instruction and performance. I herewith authorize the director/sponsor to secure medical services for said student, if necessary. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. I further agree to indemnify and to hold harmless the _____ School District, the _____ Booster Club, _____ (director), S. Kay Gabrysch, Kristina M. Cross and/or their Instructors, and Crowd Pleasers Dance Camps, Inc., who will conduct the activity, from and for all liability for any injuries which said student may receive while participating in or while traveling to and from such event, **including injuries caused by the negligence of any associate of Crowd Pleasers Dance Camps, Inc.**

I have listed below any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.

Date

Parent or Legal Guardian's Signature

This form must be filled out, signed and returned prior to the student being allowed to participate. Approval may not be obtained by telephone.

**PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP**

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

_____ (name of activity/event)

_____ (sponsoring group, club, or class)

_____ (name of adult sponsor)

_____ (location)

_____ (departure and return dates/times)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian

**HOJA DE CONSENTIMIENTO DE
LOS PADRES PARA EXCURSIONES ESCOLARES**

Mi hijo/a, _____, tiene mi permiso para asistir a y participar en las(s) siguiente(s) excursione(s) escolare(s):

_____ (nombre de la actividad/evento)

_____ (el grupo, club o clase que patrocina la excursión)

_____ (nombre del adulto patrocinador)

_____ (lugar)

_____ (fechas/horas de la salida y la venida)

Autorizo al patrocinador, empleado(s), y/o asociado(s) del Distrito Escolar Independiente de Clear Creek que permita que mi hijo o hija viaje con el grupo, club o clase patrocinadora en la ida y la vuelta de la actividad o el evento arriba citado.

Entiendo que se me puede hacer responsable de las acciones de mi hijo o hija en el viaje.

Entiendo que no se puede imputar responsabilidad civil al Distrito Escolar Independiente de Clear Creek por daños personales o la pérdida o daño a la propiedad personal que podría resultar de la participación de mi hijo o hija en la actividad o evento arriba citado, excepto que tal daño personal o pérdida o daño a la propiedad personal resulte del uso u operación de un vehículo motorizado.

Fecha

Firma del padre/Guardián

- Nota: Los patrocinatores viajará con una copia de la autorización para Conseguir Tratamiento Médico Urgente de cada participante. Se pide a los padres/guardianes que informen por escrito a los patrocinatores de cualquier condicion o problema médico especial que podría afectar a la participación de un jiho o jiha en el viaje y/o en la aplicación de tratamiento médico urgente (por ejemplo, alergias a medicamentos que se conocen).

