

Dream Bia

What to Wear/ Bring:

Shorts, T-Shirt, Tennis Shoes or Dance Apparel

****Little ones should have a bag with their name on it to keep camp goodies in****

PARENT
SHOWOFF
JUNE 9TH 11::00

Smith Drill Team Camp 2016

When and Where: June 6th—9th 8:30 AM—12:00 PM TWHS 9th Grade Campus

Parent showoff June 9th 11:00 AM—12:00 PM

Cost: 150.00 per student*** 175.00 After June 1st (if spacing available grades K-4)

Who: Rising K-9th graders interested in drill team or dancing

Every Camper Gets a T-Shirt

***EARLY BIRD REGISTRATION BY MAY 1ST (NO EXCEPTIONS)

CAMPER RECEIVES HIGHSTEPPER BOW OR RIBBON AND PENCIL BAG***

Curriculum: K-3rd –Daily Dance themes in pom, jazz, hip-hop and prop

4th-6th- Daily Dances with an introduction to stretching and kicking

***Enroll your child in the class they fit in best-Grades are a suggestion

***Grades K-6 will get daily snacks, drinks, daily awards and picture with a Highstepper

7th-8th-Pep Rally Jazz, Field Routines, Kick and Stretch Technique, Victory Line

9th-Pep Rally Jazz, Field Kick and Prop Routines

Checks payable to ***Deanna Smith—Paypal not available for summer camp

Drop Registration form by TWHS 9th or Senior Campus, Ms. Gilmore or mail to:

Deanna Smith Email: deanna _smith@conroeisd.net

Director, TWHS Highsteppers

or highstepperlady@aol.com

6101 Research Forest Dr.

The Woodlands, TX 77381

www.twhshighsteppers.com

Camper Name	Entering Grade Fall 2016 (Pre-K—9th)				
Parent Name					
Address		City		Zip	
Parent Email		Phone # during camp			
Any Known Food Allergies?	NoYes	List Allergy			
T-SHIRT SIZE (CIRCLE ONE)	Youth XS(5-6)	Youth Small(7-8)	Youth Medium(9-10)	Youth Large(11-12)	
	Adult Small	Adult N	1edium	Adult Large	
Check One if Grades K-6:	Enroll in Elementary-Recommended K-4Enroll in Intermediate-Recommended 4-6				
*K-4 More Activities/The	mes/Awards **Pl	lace camper base on	what you think they wou	ıld like/4th Grade can do either.	
PARENT RELEASE, WAIVER AN	ID LIABILITY: In the e	event of an emergency, I hereby au	thorize Deanna Smith Dance Camp Staff t	o obtain medical attention for my child. I hereby waive	
and release both the Dance Camp Staff and CISD finjury may occur. By my signature, I am informing	from any and all liability for th g CISD that I understand the d Employees are in no way liable	e injury and/or illness that might o istrict is NOT responsible for any a e for injuries, medical expense or d	occur while participation in camp. I under ccident or payments resulting from such a amage and will have no insurance coverin	stand as an active participant in dance that an accident o and accident. In the event of injury to a child, we recog- ng this camp. I, the undersigned, have read this 2016	
Parent Signature		Date			
Emergency Contact Name and	d Phone				

CHECKS PAYABLE TO: DEANNA SMITH