



“Strong Mind - Strong Body Through Dance”

Program Leader-Olivia Gang (Pope John High School Junior)



“Strong Mind - Strong Body”

6-Week Confidence-Building Dance Program:

This program teaches young girls about gaining self-esteem and the importance of having confidence in themselves while learning basic dance styles. Each meeting starts with stretching and a warm-up, and ends with a cool-down and life lesson. After the life lesson discussion, a worksheet or activity will be given to enforce the lesson. Each weekly meeting has its own specific theme to help develop well-rounded young ladies!

1

INDIVIDUALITY

Dancers will play a series of dance related games to display their personalities.

2

POISE

Dancers will learn poise through the basics of ballet and how all forms of dance originate.

3

BODY AWARENESS

Girls learn the diversity of dance styles in a high energy jazz class! There is a style for everyone!

4

TEAMWORK

Dancers will use teamwork and social skills to choreograph their own short dances.

5

CONFIDENCE

Dancers will build their confidence through self expression and will take turns leading the class.

6

FRIENDSHIP

Girls will have fun strengthening their relationships with dance and friendship games.

Benefits of Dance:

Boosts confidence and self-esteem:

Dancers learn to express their individuality with their creativity in a positive, fun, learning environment. Dance teaches young girls to carry themselves with poise and grace to let their inner selves shine through.

Improves physical health:

Dance increases flexibility, range of motion, physical strength and stamina. Dance also corrects posture and increases balance and coordination!

Education benefits:

Dance teaches girls how to learn and apply corrections quickly. A dancer’s focus and concentration typically results in better academic performance.

Socialization benefits:

Dance is highly social and fun! It improves communicative skills by learning to work as part of a team. Dance fosters life-long friendships.

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Confidence Building - Physical Health - Education - Socialization

- **This club is for all girls in grades 2-4.**

Program Dates (Class Time: 3:00-4:15)
Wednesday, March 14
Wednesday, March 21
Wednesday, March 28
Wednesday, April 18
Wednesday, April 25
Wednesday, May 2

- **Permission slip and \$95 made payable to Reverend Brown School due Monday, February 12, c/o Lilly Gang 4 Masone. Please don't let fee discourage your daughter from attending. Need-based scholarships are available.**
- **Space is limited to first 16 participants. Please email interest to RBSdanceleader@gmail.com**
- **Program Dress: (1) shorts or leggings (2) sneakers/dance shoes (3) program shirts will be provided.**
- **Program fee includes: shirt, weekly acknowledgment patches, dance props & crafts, weekly handouts & end-of-program event including recognition awards.**

Student Name: _____ **Grade/Class:** _____

Shirt Size: _____

Parent Name: _____ **Email** _____

Cell Phone #: _____ **Home Phone #:** _____

Please check here _____ if applying for Program Scholarship to waive tuition.

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Confidence Building - Physical Health - Education - Socialization

I _____ (parent) acknowledge that my daughter

_____ has been advised as to the inherent risk of injury while participating in the sport of dance. Falls while dancing or collisions with other dancers or objects can result in personal injuries, minor or severe.

We also acknowledge that while the dance advisor and program leaders of “Strong Mind - Strong Body Through Dance” provide supervision during the program sessions, the advisor and leaders are not trained medical professionals and will not be held responsible for any injury sustained during this program.

The advisor or leader will contact the emergency contact, you designate, immediately should the need arise for your child.

I designate the emergency contact(s) for my child as follows:

Name: _____ Cell #: _____

Name: _____ Cell #: _____

My daughter has the following allergies or known medical conditions:

I have read, understand, and agree to the above.

Parent signature _____ Date _____

Medical Emergency

Parents:

If a medical emergency should arise, we would like your permission to get your son or daughter to the nearest medical facility to begin treatment.

This authorizes a licensed physician, surgeon, or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child in an emergency when normal permission is unavailable.

Signed (Parent / Guardian) _____