



**Southern Pines Recreation & Parks Department**  
**482 E. Connecticut Avenue**  
**Southern Pines, NC 28387**  
**Phone: 692-2463 / Fax: 692-1835**

## **Jr. Cheerleading Camp** (3-5 and 5-8 years)

**Gymnastics, Dance, Crafts, Making New Friends, Cheering,**

**Exercising, Making Lots of Noise** (and not being told to "hush"), **Fun 'n Games**.

A dynamic blend of spunk, tumbling, and dance will create a fun camp and build positive learning attitudes in a playful, engaging, and exciting camp.

Session 1: 3-5 years June 28-July 2 9:00 -11:30 am@ DCC

Session 2: 5-8 years June 28-July 2 12:30-3:30 pm @ DCC

Session 3: 3-5 years Aug. 16-20, 9-11:30 am @ Train House

Session 4: 5-8 years Aug. 16-20, 12:30-3 pm @ Train House

(Sessions 2 & 4: campers must have attended kindergarten)

Bring: drink & snack and a plain, white t-shirt

Registration Fee: \$40 r/\$80 nr Min/Max: 11/14

Instructors: Jordan Thompson & Megan Middleton



### *The Benefits are Endless . . .*

- *Exciting & Rewarding*
- *Dynamic blend of tumbling, dance, and performance*
- *Make New Friends & Enjoy Camaraderie*
- *Design t-shirts, team ribbons, and crafts*



## **Jr. Cheerleading Camp Registration Form**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Session: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Office/Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Office/Cell phone: \_\_\_\_\_

Besides parents/guardians, the following people are authorized to pick up my child:

Name \_\_\_\_\_

I agree to allow my child to participate in the activity named above offered by the Southern Pines Recreation and Parks Department. I understand that my child shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in my child's participating in the activity. I further agree to release Southern Pines Recreation and Parks Department, it's employees, volunteers and agents from any responsibility should an accident happen. I release any pictures taken during the program to be used for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# BEHAVIOR MANAGEMENT to help ensure that everyone has fun

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of behavior management. When participants receive positive, non-violent, and understanding indicators, they develop good self esteem, problem solving skills, and self discipline. This Program/Camp will practice the following Discipline and Behavior Management Policy:

### We Do

1. Praise, reward, and encourage
2. Reason with and set limits
3. Model appropriate behavior
4. Modify the classroom, camp environment to attempt to prevent problems before they occur
5. Listen
6. Provide alternatives for inappropriate behavior
7. Provide logical consequences for his/her behavior
8. Ignore minor misbehavior
9. Explain things
10. Use short supervised periods of "Time Out"
11. Stay consistent with our behavior management

### We Do Not

1. Do Not spank, bite, pinch, or physically punish
2. Do Not make fun of, yell, or threaten
3. Do Not make sarcastic remarks or use profanity
4. Do Not shame
5. Do Not deny food or rest as punishment
6. Do Not relate discipline to eating or resting
7. Do Not leave the participant alone, unattended or without supervision
8. Do Not place the participant in locked rooms or closets as punishment
9. Do Not allow discipline of participant by other participants
10. Do Not belittle the participant

[www.southernpines.net/recreation](http://www.southernpines.net/recreation) or email [gillis@southernpines.net](mailto:gillis@southernpines.net)

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## Health Information

	Yes	No		Yes	No
Seizures/Epilepsy	___	___	Diabetes	___	___
Asthma	___	___	Motion Sickness	___	___
Emotional/Behavioral Problems	___	___	Contagious Disease	___	___
Heart Disease/Defect	___	___	Impaired Motor Ability	___	___
Fainting	___	___	Eyeglasses/Contacts	___	___

Please give detailed information for anything checked "yes" above:

Symptoms: \_\_\_\_\_ Type of: \_\_\_\_\_

Frequency of: \_\_\_\_\_ History of Occurrence: \_\_\_\_\_

Trigger Mechanism: \_\_\_\_\_ Other Comments: \_\_\_\_\_

Does your child have any known allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Explain: \_\_\_\_\_

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Allergy to following (list specifics):

Medicine \_\_\_\_\_ Foods \_\_\_\_\_

Insects \_\_\_\_\_ Plants \_\_\_\_\_

Daily Medications, Name, Amount Used, Time Used: \_\_\_\_\_