



2017 THRIVE MusicMakerDance (TMMD) Summer Camp Application

What: THRIVE MusicMakerDance (TMMD) Summer Camp

When: Mondays through Fridays, June 19 – July 28, 2017
9:00 AM to 3:00PM

**Tuesday, July 4 – Camp will be closed in observance of Independence Day*

***Campers will have a final production showcase on either the evening of Friday, July 28, or the afternoon of Saturday, July 29. More details to come.*

Where: Arts Academy of Excellence, located in the Town Center building at 780 Fisherman Street, 2nd Floor, Opa-locka, FL 33054

Who: Rising 6th – 8th graders for the 2017-2018 school year are eligible. Preference is given to Opa-locka residents.

Why: TMMD Camp is an exciting new 6-week summer camp to provide Opa-locka area youth with high quality, interactive instruction in the areas of:

- **Music Production & Recording** – Students will focus on learning music industry production techniques and software in order to create and record their own songs for a personalized CD.
- **Making & Hands-On Tech** – Students will focus on the role of technology in the modern city. They will explore evolving technologies such as virtual reality, 3D printing, electronics, fabrication, design, upcycling, urban hacking, and game-based learning.
- **Dance & Movement Technique** – Students will be introduced to various dance genres, focusing on the development of body awareness, technical facility, vocabulary, expression, and personal creativity. Classes are gender neutral.

Cost: FREE tuition, materials, breakfast, and lunch

- **Transportation:** Students must have their own transportation to/from camp.
- **Dress Code:** Students must dress appropriately for class. Failure to do so may result in not participating in class activities or removal from camp. For the dance technique class, all students are expected to wear comfortable white tops (tank tops, t-shirts, or exercise tops that cover the stomach) and black or dark bottoms (athletic shorts, sweat pants, leggings, yoga pants, etc.) suitable for dance, movement, and exercise activities. Students will have short breaks before/after class to change clothes should they choose to wear other appropriate clothing for the remainder of the day.
- **Attendance:** Students must be able to attend all camp days. Parents/guardians should notify camp staff ASAP if their child will be absent due to sickness or family emergency.
- **Class Size:** TMMD Camp features class sizes of up to 10 students max. This allows students to receive in-depth and personal training from top industry professionals in their fields.

SPACE IS LIMITED, SO APPLY NOW!

WEBSITE: www.opalockaart.com/TMMDcamp

THRIVE

SAMPLE SCHEDULE *(subject to change):*

9:00-9:25	Breakfast
9:25-9:30	Transition
9:30-9:45	Welcome circle activity (all campers)
9:45-9:50	Transition
9:50-11:50	Class 1 (music, making, or dance)*
11:50-11:55	Transition
11:55-12:30	Lunch
12:30-12:40	Transition
12:40-2:40	Class 2 (music, making, or dance)*
2:40-2:45	Transition
2:45-3:00	Reflection closing activity (all campers)
3:00	Pick up

*Students will choose to participate in 2 of the 3 class offerings for the duration of camp.

CONTACT:

Aileen Alon, Director of Arts & Creative Industry, aileen@olcdc.org or 305-687-3545 x224
Ashley Cover, Health & Arts Coordinator, ashley@olcdc.org or 305-687-3545

Please fill out and sign the application on pages 3-4 and return to OLCDC via

Online: www.opalockaart.com/TMMDcamp

Email: Ashley Cover ashley@olcdc.org

Fax: 305-685-9650

In Person:

The ARC: 675 Ali Baba Avenue, Opa-locka, FL 33054
OLCDC Main Office: 490 Opa-locka Blvd. Suite 20, Opa-locka, FL 33054

APPLICATION DEADLINE: June 1st, 2017



2017 TMMD CAMP APPLICATION (June 19 – July 28, 2017)

PLEASE PRINT ALL INFORMATION BELOW.

Student First Name: _____ Last Name: _____

Student Preferred Name (if different than first name): _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Gender: ____Male ____Female ____Prefer Not to Disclose

School Currently Attending: _____ Grade in 2017-'18: ____

Miami-Dade County Public Schools ID # (if applicable): _____

Race (circle one): ____Asian/Pacific Islander ____Black/African American ____Hispanic
____Native American ____White ____Mixed Race

Have you ever taken dance classes before? ____YES ____NO

If yes, what type of dance & for how long? _____

Have you ever taken music, music production or recording classes before? ____YES ____NO

If yes, what type of class & for how long? _____

Have you ever taken maker or technology classes before? ____ YES ____ NO

If yes, what type of class(es) & for how long? _____

Please rank in order from **1 to 3** (1-highest, 3-lowest) your class preferences. All campers will take 2 different classes daily.

____ Music Production/Recording ____ Making/Technology ____ Dance Technique

Are you proficient in English? ____YES ____NO

Other language(s) spoken at home: ____Spanish ____Haitian Creole Other: _____

Do you need special accommodations? If so, please list/describe: _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Name: _____ Relation to Child: _____

Cell Phone: _____ Day/Work Phone: _____

Parent/Guardian E-mail: _____

Signature: _____ Date: _____



ALTERNATE EMERGENCY CONTACT

The parent/guardian listed above will serve as the main emergency contact for the child. Please list an alternate contact should you not be available in the event of an emergency:

Name: _____ Relation to Child: _____

Cell Phone: _____ Day/Work Phone: _____

Contact E-mail: _____

MEDICAL INFORMATION: Campers will receive free breakfast & lunch as part of the program. Please list any allergies (food or otherwise), medications, and/or health conditions or issues that we should know about: _____

TRANSPORTATION: *I understand that camp begins at 9:00 AM and ends at 3:00 PM daily. Failure for my child to arrive and/or depart on time may lead to removal from camp.*

My child has regular transportation to & from TMMD Summer Camp? ____YES ____NO

My child will (check all that apply): __ be dropped off/picked up by car __ take the bus __ walk home

Name & Contact of Person(s) who may drop off or pick up camper if not the parent/guardian:

PHOTOGRAPHY/VIDEOTAPING PERMISSION: *I give permission for my child named above to be interviewed, photographed, and/or videotaped for use in camp and Opa-locka Community Development Corporation, Inc. webpages, publications, productions, social media, or for use by the general news media or broadcast purposes, without compensation to me or my child.*

GENERAL RELEASE: *I hereby release and waive, and further agree to indemnify, hold harmless or reimburse Opa-locka Community Development Corporation, Inc., from and against any and all claims, demands, damages, actions, causes of action, suits in equity of whatever kind or nature, which I, any other parent or guardian, any sibling, the child named above, or any other party may have or claim to have, known or unknown, directly or indirectly, for any losses, without limitation in time or amount, damages or injuries, whether caused by the negligence of Opa-locka Community Development Corporation, Inc., or otherwise, arising out of, during, or in connection with my child's participation in the Camp, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any.*

Parent/Guardian Signature: _____ Date: _____