

# Physical Education (5<sup>th</sup>)

## Express Ourselves P.E. Project

**REMEMBER** ...Project must reflect your Central Idea- Values within a culture are expressed in a variety of ways.

**Learning Target:** *I can create an original sequence of rhythmic movement patterns*

## Project Requirements

(Can be a video OR Presented)

### Must consist of M.R.R

1. Movement
2. Routine
3. Rhythm &/or Repetition

EXAMPLES: Dance, Exercise, or Yoga routine

### Must be Meaningful & Purposeful ... "I G.O.T This!"

1. **Theme-** Title and surrounding ideas
2. **Goal-** What you're hoping your audience (teacher) will learn or be challenged by
3. **Objectives-** The steps followed to reach your goal

### Important Numbers to Remember

- Preparation- 4-5 weeks
- Group Size- 1- 4
- Time to present**
- Minimum= 1 min
- Maximum= 5 min

### Helpful Resources:

- **Gonoodle.com**
  - **Create an account**
  - CLICK ON.... sign up for free → I'm a kid or a parent → create an account → Categories → Movement Types
- REMEMBER:** *Must create your OWN routine, do NOT copy an entire routine*

## Field Trip Request

City Schools of Decatur  
125 Electric Avenue  
Decatur, Georgia 30030  
404-371-3601

To: Parent or guardian of \_\_\_\_\_

Your student's teacher has scheduled the following event listed below.

Description & Date of the Event(s)/ Activity(s): Alvin Ailey

**(Bishop, Davis-Carty, DiGiacomo, Dudley, Friedrich, Gerstel, Jean-Pierre, Johnson, Madhere, Mangascle, Niemeyer, Prophet, Ricker, Rudich, Shershin, Stewart, Worm, Wright).**

**Depart F.AVE 9:30 AM Return to F.AVE 1:00 PM**

Please sign the field trip permission form below the line and return it with your contribution to your student's teacher not later than **February 15, 2018**. No student can be permitted to participate with the event/activity(s) listed above without a signed copy of this form on file.

\_\_\_\_\_ has my permission to participate in the above described school event or activity(s). I hereby agree to release and hold harmless the City Schools of Decatur and its employees from any all liability that may be associated with or arise my student's participation in this event or activity. I further agree to release and hold harmless the City Schools of Decatur and its employees from any and all liability that may be associated with or arise from my student's transportation in relation to this event or activity(s).

**The cost to students for this trip is \$16.00 which covers the cost of transportation, admission fees, and other costs associated with this trip. Please indicate your payment intention as follows (check all that apply): Checks made payable to F.AVE**

\_\_\_\_ I have included payment for my child.

\_\_\_\_ I have included an additional payment of \_\_\_\_\_ to help another child.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Information	
Name of Parent/Guardian (Printed)	
Phone Number of Parent/Guardian	
Name of Insurance Provider	
Name of Insurance Policy Holder	
Insurance Policy Number	