Southern Pines Recreation & Parks Department
482 E. Connecticut Avenue
Phone: 692-2463 / Fax: 692-1835
southernpines.net/recreation
facebook.com/#!/TOSP.REC

Walking School Bus (children attending SPES) Beginning July 24 FREE!

Children will meet in front of SPES Gym on Wednesdays at 2:45 pm and walk to the Campbell House Playground (at the end of E. New Hampshire Ave) with an expected arrival time of 3:05 pm (or so).

Adult volunteers are needed to help supervise and walk with the children.
Please contact Sue at gillis@southernpines.net

A great way to end the school day! Join the group for its weekly walk from school.
Along the way we will enjoy great exercise, socialization, and fun games.

Great reasons to walk:

Enhance the health of kids with increased physical activity.

Improve air quality and the environment by replacing car trips with walking or bicycling.

Create safer routes for walking and bicycling with sidewalks and safe zones.

We will walk rain or shine!!

Monthly incentive treats are sponsored by **FirstHealth Community Health Services.**

Walking School Bus Registration Form (complete and return to Southern Pines Recreation)

Participant's Name:_____ Grade:_____ Teacher:_____ **Yr Round** or **Trad**

Address:_____ City:_____ Zip:_____

Home phone:_____ e-mail address:_____

Mother/Guardian's Name: _____ Phone #1:_____ Phone #2: _____

Father/Guardian's Name: _____ Phone #1:_____ Phone #2: _____

Emergency Care Information: If neither mother or father (or guardian) can be contacted, call:

Name:_____ Phone #1:_____ Phone #2: _____

Name:_____ Phone #1:_____ Phone #2: _____

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	___	___

Allergy to following (list specifics):

Medicine _____ Foods _____

Insects _____ Plants _____

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 participation 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:_____

Volunteers are needed to help lead the group on their walk.

Name_____Email:_____Telephone #_____