**Southern Pines Recreation & Parks Dept**
**482 E. Connecticut Avenue**
**Phone: 692-2463 / Fax: 692-1835**

**www.southernpines.net/recreation**


# 2013-2014 Year Round Day Camp
**&**
# Home School Students

**YR Day Camp** **(kindergarten-13 years)** Games, sports, arts & crafts, trips, and innovative activities will make the break from school a memorable one. Space is limited, so early registration is suggested. **One-time non-refundable registration fee of $10 r/$20 nr required when registering for the camp.** A $20 r/$40 nr non-refundable deposit (which will be applied to the weekly fee) is required to hold your spot. Add $10 to fees received after the Balance Due Date **(spaces are not guaranteed after the Balance Due Date).**

**Day Camp T-shirts sponsored by H.S. Dreher Capital Management, LLC**

**Register my child for the following session (s). Please check the sessions. Deposits or balances must be paid for sessions by Balance Due Date.**

| | | Fee: | Balance Due Date |
|---|---|---|---|
| ____ | **Session 1: Sept. 19-20** | **$35 r/$70 nr** | **8/30** |
| ____ | **Session 2: Sept. 23-27** | **$80 r/$160 nr** | **9/6** |
| ____ | **Session 3: Sept. 30-Oct. 4** | **$80 r/$160 nr** | **9/13** |
| ____ | **Session 4: Dec. 19-20** | **$35 r/$70 nr** | **11/27** |
| ____ | **Session 5: Dec. 30-Jan. 3** | **$65 r/$130 nr** | **12/13** |
| ____ | **Session 6: Apr. 7-11** | **$80 r/$160 nr** | **3/21** |

8:00 am-5:30 pm SP Recreation Center Max: 50

One time registration fee $10 r/ $20 nr: _____

Deposits 1 2 3 4 5 6 x $20 r/$40 nr =_____

Total: _____

**Registration accepted at a later date for:** Spring Break Day Camp,**April 14-17,** Full Day & Early Release Trips: Oct. 7, Nov. 4, Nov. 15, Jan. 15, Feb. 17, Feb. 28, Mar. 14, Mar. 17, Apr. 21

Find us on

## 2013-2014 Year Round Day Camp

Camper's Name:_____ Age:_____ T-shirt size:_____

Address:_____ City:_____ Zip:_____

Home phone:_____ Cell Phone:_____

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

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

Additional contact phone numbers:_____

e-mail address:_____ (please print legibly)

***Emergency Care Information:***

Please list any medication your child is taking: _____

Child's Doctor: _____ Office phone: _____

Child's Dentist: _____ Office phone: _____

Health Insurance Co: _____ Policy #: _____ Name of Policy Holder _____

If neither mother or father (or guardian) can be contacted, call (these people may also pick up child):

Name: _____ Home phone: _____ Office phone: _____

Name: _____ Home phone: _____ Office phone: _____

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

| **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_____

Allergy to following list (specifics):

Medicine _____ Foods _____

Insects _____ Plants _____

Daily Medications, Name, Amount Used, and Time Used: _____

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 have read and do understand the Behavior Management Policy and will abide by those rules. I release any pictures taken during the program to be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____