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

Kids nowadays just have it made . . .
Fun activities for days off school,
Early Release days, etc. (kindergarten-12 years)

Our Full Day Outings feature exciting trips, games, parks, & activities.
8:30 am-5:30 pm at Train House $25 r/$50 nr each day Min/Max: 10/20
Bring lunch, snacks, and drinks.

_____October 7 NC Zoo Trip

_____November 4 NCSU Solar House, Pullen Park & Aquatic Ctr

_____January 15 Moorehead Planetarium Trip

_____February 17 Defy Gravity Trip

_____March 17 Museum of Life & Science Trip

_____April 21 Park It Trip

Trips destinations may be subject to change without notification.

Early Release School Day features bowling and as many fun activities as we can manage.
11:30 am-5:30 pm at Train House $16 r/$32 nr each ½ day.
Check with your school about riding the bus to the Campbell House/Train House.
_____ **Nov. 15** _____**Feb. 28** _____ **Mar. 14**

Participant's Name:_____Age:_____

Address:_____ 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:_____ Home phone:_____ Office/Cell phone:_____

Name:_____ Home phone:_____ Office/Cell phone:_____

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

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	___	___

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:_____