



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

_____ **Autumn Crafts (5-12 years)** Creative, imaginative, and busy minds and hands will have a blast making: scarecrow, ghosts, candles, and more. Practice using the latest in crafting techniques and materials. Ms. Karen Fellema instructs.

9/15 4:00-6:00 pm **and** 9/16 9:00 am-12:00 pm at Train House \$35 r/\$70 nr Min/Max: 6/20

_____ **Halloween Tricks and Treats (4-6 years)** Put fun and silliness into your Halloween adventure as you make window watchers, friendly ghosts that fly, spider cookies, and a treat bag. (Please bring in a bag of wrapped candy so the children can earn candy as they play games.) Ms. Brenda instructs.

10/27 4:00-6:00 pm **and** 10/28 9:00 am-12:00 pm at Train House \$20 r/\$40 nr Min/Max: 10/12

_____ **ActiveKids Camp (8-12 years)** Fitness Fun . . . muscles, target heart rate, yoga, pilates, dance, step aerobics . . . all rolled into one high energy camp with the emphasis on fun! Bring towel, water bottle, and mat. Ms. AnnMarie instructs.

Dec. 1, 4:00-6:00 pm **and** Dec. 2, 9:00 am-12:00 pm at Train House \$20 r/\$40 nr Min/Max: 10/15

_____ **Holiday Decorations (5-12 years)** Bring your imagination and we will provide the fun with: ceramic gingerbread man mug and plate, door knob hanger, calendar, s' mores man marshmallow ornament, paper gift box. Paint, decorate, get your hands messy and leave the clean up to us! Ms. Karen Fellema instructs.

12/8 4:00-6:00 pm **and** 12/9 9:00 am-12:00 pm at Train House \$35 r/\$70 nr Min/Max: 8/10

_____ **Holiday Elves/Winter Wonderland (4-6 years)**

Little elves will delight themselves and gift receivers as they make special treats for the family and Santa's reindeer. Ms. Brenda instructs.

12/15 4:00-6:00 pm **and** 12/16 9:00 am-12:00 pm at Train House \$20 r/\$40 nr Min/Max: 10/12

_____ **ActiveKids Camp Too! (8-12 years)**

Learn lifetime fitness fun . . . healthy eating habits, names of bones, fun dance, exercise, and much more. With an emphasis on fun, in a non-competitive environment, this is sure to be a hit. Bring towel, water bottle, and mat. Ms. AnnMarie instructs.

Jan. 19, 4:00-6:00 pm **and** Jan. 20, 9:00 am-12:00 pm at Train House \$20 r/\$40 nr Min/Max: 10/15

_____ **Computer Crafts (5-12 years)** What do the following have in common: mouse pads, computer buddies, cd holder, ceramic pencil holder, wrist rest, frustration sticks, and book markers? You-you will make them. Ms. Karen Fellema instructs.

1/12 4:00-6:00 pm **and** 1/13 9:00 am-12:00 pm at Train House \$35 r/\$70 nr Min/Max: 6/20

_____ **Be My Valentine Camp (4-6 years)** It's a Party! Make Valentine's Crafts and Cards to Share, Decorate Cookies and Sweet Treats, Dance, and Enjoy a Treasure Hunt in search of the missing Giant Hershey Kiss. Ms. Brenda instructs.

2/9 4:00-6:00 pm **and** 2/10 9:00 am-12:00 pm at Train House \$20 r/\$40 nr Min/Max: 10/12

**This project is supported by the Arts Council of Moore County with Funds from the Grassroots Arts Program of the NC Arts Council, a state agency*



Visit our web site at www.southernpines.net/recreation
Campers are welcome to bring a Snack & Drink.

Camper's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Mother/Guardian's Name: _____ Work/Day phone: _____

Father/Guardian's Name: _____ Work/Day phone: _____

e-mail address: _____

Emergency Care Information:

Does your child have any known allergies: No _____ Yes _____ Explain: _____

Please list any medication your child is taking: _____

Child's Doctor: _____ Office phone: _____

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

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: _____

Allergy to following list (specifics):

Medicine _____ Foods _____

Insects _____ Plants _____

Daily Medications, Name, Amount Used, 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: _____