



Southern Pines Recreation & Parks Department
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Spring Break Fun

You don't need to head out of town to enjoy **Spring Break!**

Spring Break Day Camp

(ages 5-12, currently attending kindergarten)

Where the emphasis is on **FUN**.

Activities include: **games, fitness, arts & crafts, nature & science, trips,** and **more.**

Space is limited, so early registration is suggested-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 (3/23).

Spaces are not guaranteed after the Balance Due Date.

Bring lunch, drink, and snacks.

There may be additional costs for field trips.

M-F 8:00 am-5:30 pm April 9-13 at Train House

\$70 r/\$140 nr Min/Max: 15/39



Spring Break Day Camp Registration

Camper's Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ e-mail address: _____ (please print)

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

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

Emergency Contacts:

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

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

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 release any pictures taken during the program to be used for promotional purposes.

Parent/Guardian Signature: _____

Date: _____