

**Southern Pines Recreation & Parks Department**  
 482 E. Connecticut Avenue  
 Southern Pines, NC 28387  
 Phone: 692-2463 / Fax: 692-1835  
[www.southernpines.net/recreation](http://www.southernpines.net/recreation)



**Camps for Year Round & Home Schooled Students**

**I Can Make it Myself**

**Cooking Camp**

(6-11 years) Pizza, smoothies, bread, desserts, and more! Make your own meals using simple ingredients. Learn how to plan nutritious meals for the whole family, decorate

sweet treats, how to set a table, etiquette, and clean up. Everyday will feature new recipes and end with eating! **A one-time registration fee of \$10 r/\$20 nr per child is required.**

9am-12 pm SP Fire Dept Kitchen Min/Max: 10/12 **Instructor: Terry Hardison-Dalton**

- |  |                                       |
|--|---------------------------------------|
| Session 1: Sept. 21-23 \$50 r/\$100 nr | Session 4: Dec. 19-22 \$65 r/\$130 nr |
| Session 2: Sept. 26-30 \$80 r/\$160 nr | Session 5: Mar. 29, 30 \$35 r/\$70 nr |
| Session 3: Oct. 3-7 \$80 r/\$160 nr    | Session 6: Apr. 2-5 \$65 r/\$130 nr   |



**Creative Art Camp**

(5 -11 years)

Get creative with art! Experiment, design, and make unique arts and crafts using a variety of media and subjects. Learn about the many cultures that utilize the craft. Participants will also learn techniques so they can continue exploring and making art at home even after the camp ends! **A one-time registration fee of \$10 r/\$20 nr (per child) is required.**

1:00 -3:00 pm Train Station Min/Max: 10/15 **Instructor: Terry Hardison-Dalton**

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|--|---------------------------------------|
| Session 1: Sept. 21-23 \$35 r/\$70 nr  | Session 4: Dec. 19-22 \$45 r/\$90 nr  |
| Session 2: Sept. 26-30 \$55 r/\$110 nr | Session 5: Mar. 29, 30 \$25 r/\$50 nr |
| Session 3: Oct. 3-7 \$55 r/\$110 nr    | Session 6: Apr. 2-5 \$45 r/\$90 nr    |

**Recycle into Art Camp**

(7-12 years)



9 am-2 pm At Weymouth Woods (Ft. Bragg Rd.)

**A one-time registration fee of \$10 residents/\$20 non-residents (per child) is required.** Spend the break creating works of Art using everyday recycled items! Campers will experiment with different mediums and materials as they allow their imagination to soar with "one of a kind" pieces of artistic creations! Local Artist, Mary Lamb, will lead the camp.

Guaranteed to be an entertaining experience leaving

Campers thirsty for more!

- |                        |                 |
|------------------------|-----------------|
| Session 1: Sept. 26-30 | \$80 r/\$160 nr |
| Session 2: Oct. 3-7    | \$80 r/\$160 nr |
| Session 3: Dec. 19-22  | \$65 r/\$130 nr |
| Session 4: April 2-5   | \$65 r/\$130 nr |

**Cooking Camp / Creative Art Camp/ Recycle into Art Camp Registration Form (circle camp)**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Session: \_\_\_\_\_

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 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: \_\_\_\_\_