



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

[www.southernpines.net/recreation](http://www.southernpines.net/recreation) 

**Day Camp for Year Round School**  
**&**  
**Home School Students**

**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 desired sessions. Deposits or balances must be paid for desired sessions by Balance Due Date.

	Fee:	Balance Due Date
___ Session 1: Sept. 21-23	\$50 r/\$100 nr	9/2
___ Session 2: Sept. 26-30	\$80 r/\$160 nr	9/9
___ Session 3: Oct. 3-7	\$80 r/\$160 nr	9/16
___ Session 4: Dec. 19-22	\$65 r/\$130 nr	12/2
___ Session 5: Dec. 27-30	\$65 r/\$130 nr	12/9
___ Session 6: Mar. 29, 30	\$35 r/\$70 nr	3/9
___ Session 7: Apr. 2-5	\$65 r/\$130 nr	3/16

Spring Break Day Camp will be held **April 9-13, registration will be accepted at a later date.**

8:00 am-5:30 pm Train House Min/Max: 14/39

One time registration fee \$10 r/ \$20 nr: \_\_\_\_\_

Deposit for Sessions 1 2 3 4 5 6 7 x \$20 r/\$40 nr = \_\_\_\_\_

Total: \_\_\_\_\_



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:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

<b>Health Information:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
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: \_\_\_\_\_