

Safety Camp

Youth entering grades 3-5, join us for three days of safety learning and fun at the 25th Annual Safety Camp! Sessions may include fire safety, water safety, sports safety, electrical safety and many others! Safety Camp is co-sponsored by New Hope Parks and Recreation, New Hope Police and West Metro Fire-Rescue District. A graduation program will be held at 5 p.m. on August 18. Fee includes shirt, snacks, lunches and graduation event. Detailed camp information will be emailed to participants one week in advance. *Register by July 15 and save \$5!*

Dates: Tuesday-Thursday, August 16-18

Time: 8 a.m.- 4:30 p.m.

Location: Civic Center Park, 4401 Xylon Ave N, New Hope

Fee: \$42 if registered by July 15; \$47 after July 15
(Nonresidents of New Hope add \$7 to the fee)

Register with: New Hope Parks & Recreation
4401 Xylon Avenue North
New Hope, MN 55428



Sponsors (as of 5/2/15): City of New Hope; New Hope Police Explorers; West Metro Fire-Rescue District and Rescue Explorers; Northwest Suburban Optimist Club; Golden Valley VFW Post #7051; New Hope Lions; Jensen Sondrall Persellin & Woods, P.A.; Broadway Awards; Northwest Metro Safe Kids Coalition; TRIA Orthopaedic Center

Refunds, program credits and transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card. **QUESTIONS?** Call 763-531-5151.

Online Registration! Go to webtrac.nhrecexpress.com

 www.facebook.com/newhoperecreation

Robbinsdale Area Schools does not endorse or recommend the activities announced by this publication. This publication was not printed at district expense.

Safety Camp (113503-A)

Participant Name _____ Phone (H) _____ (C) _____

Address _____ City _____ Zip _____

Birthdate _____ Grade in fall 2016 _____ Sex _____ Email _____

Does participant have a special need? _____ Amount Enclosed \$ _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Security Code _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Parent/Guardian Signature _____ Date _____