

WESTAMPTON / EASTAMPTON / MT. HOLLY / HAINESPORT RECREATION DEPTS. 2010 MULTI SPORTS/ACTIVITIES CAMP REGISTRATION FORM

DATES: MONDAY, AUGUST 9, THRU FRIDAY, AUGUST 13 **TIME:** 9:00 AM – 3:00 PM

LOCATION: WESTAMPTON MIDDLE SCHOOL GYM AND SCHOOL FIELDS
REGISTRATION FEE: \$99.00 PER PARTICIPANT
PARTICIPATION: COED (GIRLS & BOYS) IN KINDERGARTEN THROUGH 8TH GRADE

LIMITS: First 40 registrations will be accepted for this camp.

CAMP INFORMATION: This program serves as an introduction to the world of sports for children just starting out and as an alternative to specialty camps for young athletes who are not quite ready to focus on just one sport. The following sports/activities will be covered: Badminton, Basketball, Bocce, Field Hockey, Flag Football, Team Handball, Soccer, Capture the Flag, Crab Soccer, Bombardment, Dodge and Throw, Scooter Hockey, Volleyball, and Tennis. Camp will include lead-up activities and modified games. Environment is safe and structured. Instructors are PE, CPR, and first-aid-certified and have teaching and coaching experience with all age groups. Participants should bring a packed/bagged lunch and drinks. Each participant should wear comfortable clothes, socks, and sneakers and be ready to participate. In case of severe weather, activities will take place indoors.

Morning-only session from 9 am to 12 noon is available for kindergarteners through 2nd graders. Call Recreation office if interested. Cost is \$60.

PLEASE PRINT LEGIBLY – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: (_____) _____ FAMILY E-MAIL ADDRESS: _____

AGE: _____ (AS OF 7/1/10) BIRTH DATE: ____/____/____ GRADE ENTERING: _____

PARENTS' FIRST NAMES: MOM: _____ CELL PHONE: (_____) _____

DAD: _____ CELL PHONE: (_____) _____

EMERGENCY CONTACT & PHONE #: _____ (_____) _____

Does participant have any known allergies or medical conditions that need specific attention during the program?
 Please be very specific: _____

Parent/Guardian Signature: _____ Date: _____

NO REGISTRATIONS ARE ACCEPTED WITHOUT PAYMENT, AND PAYMENTS ARE NON-REFUNDABLE.

Please make checks payable to: Westampton Recreation
 Mail or drop off: Westampton Municipal Building
 710 Rancocas Road
 Westampton, NJ 08060
 ATTN: Recreation Department

**DEADLINE FOR
REGISTRATION IS
WEDNESDAY, JUNE 30,
2010.**

ANY QUESTIONS, PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2010 Multi Sports/Activities Camp	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only:	Amount Paid: _____ Cash: _____ Check No.: _____ Received By: _____
Special Notes: _____	