

SPORTS ADDICTION CAMP

Kids in grades 1-6 will have a great time playing over 25 different sports and games, including baseball, basketball, flag football, floor hockey, lacrosse, ninja warriors, soccer, softball, volleyball, and more! Kids will be divided based on age and ability. All participants will be transported on a full-day field trip to a local professional sports stadium on Thursday! Half-day and full-day options are available. Participants who register for a half-day session should bring a water bottle and snacks. Participants in the full-day session should bring a water bottle, lunch and snacks. This camp is coordinated by Revolutionary Sports staff.

Dates: Monday-Friday, August 26-30

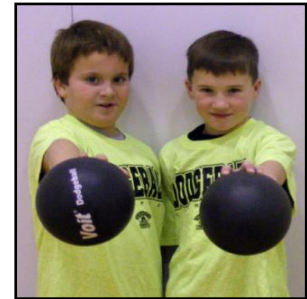
151602-A Half-day session 8 a.m.-12:30 p.m.

151602-B Half-day session 12:30-5 p.m.

Fee: \$145 Residents of New Hope, Crystal, Golden Valley and Robbinsdale
\$152 Nonresidents

151602-C Full-day session 8 a.m.-5 p.m.

Fee: \$245 Residents of New Hope, Crystal, Golden Valley and Robbinsdale
\$252 Nonresidents



Location: Crystal Community Center
4800 Douglas Drive

Register with: New Hope Parks and Recreation
4401 Xylon Avenue North
New Hope, MN 55428
763-531-5151



www.facebook.com/newhoperecreation

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 will be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. See other side for additional information. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone payments accepted with a major credit card. Questions? Call 763-531-5151

Online Registration! Go to webtrac.nhrecexpress.com.

2019 Sports Addiction Camp

Participant Name _____ Phone (h) _____ (c) _____

Address _____ City _____ Zip _____

Birthdate _____ Sex (M or F) _____ Email Address _____

Does participant have a special need? _____

Activity _____ Course _____ Amount Enclosed \$ _____

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 _____

AmEx/Discover/MC/Visa # _____ Exp Date _____ Security Code _____