

NORTH HAMPTON REC APRIL VACATION TRIP & CAMP

WED., APRIL 29, 9am-3pm:

BOWLING & CHUNKY'S MOVIE THEATRE: Movie: HANNAH MONTANA!

Bus leaves NHS at 9am & returns at 3pm. Fee is \$30. Includes movie, all u can eat pizza, drink, ice cream, bowling & shoes. We will bowl two strings at Academy Lanes in Haverhill, then venture to Chunky's for a bite to eat & a movie. **Min: 20**

MON-FRI., APRIL 27-MAY 1, 2009, 9am-12pm:

DB'S BASEBALL SOFTBALL ACADEMY CAMP

Join Dave Bettencourt & David Blank of DB's Baseball Softball Instruction, North Andover, & their professional talented staff of instructors. The campers will learn more than just the basic fundamentals of our country's favorite past time. Emphasis will focus on proper throwing, fielding and hitting techniques as well as the mental aspect of the game. Drills, skills and fun games will instill your campers in this fun-filled week of instruction. After a week's camp, they'll be not only talking the talk but walking the walk! Have campers bring glove, snack, water & wear comfortable clothing. For grades 2-8, from 9am-12pm, North Hampton School, \$99 or \$25 per day. Camp tee shirt for those who attend all 5 days. **Min: 10 Max: 30**

Name: _____ DOB ____/____/____
Grade _____ School _____
Address: _____
Town: _____ State: _____ Zip: _____
Parent/Guardian: _____
Home phone: _____ Cell: _____ Work: _____
Email: _____
Emergency contact: _____
Phone: _____ Cell: _____ Work: _____
Address: _____ Relation: _____

Please check program attending:

DB's Baseball Camp/\$100

Bowling & Chunky's/ \$30

Please circle Days attending: ALL M T W TH FR

Amt. Enclosed: \$ _____

PARENTAL PERMISSION AND WAIVER FOR CHILDREN UNDER 18 YEARS OF AGE- UNSIGNED WAIVERS WILL BE REJECTED: My son/daughter as registered, has my permission to participate in the above named programs. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff and The Town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that if necessary a qualified physician give medical attention to my child in the event that I cannot be reached.

Signature of Parent/Guardian _____ Date _____

I give permission for my child to be photographed for the town web site & the media. **YES NO**

PROGRAM REFUND POLICY: Refunds will be made if program is cancelled, filled or if department changes in offerings prohibit your attendance.

Please drop off or mail to: North Hampton Rec, 233 Atlantic Ave, North Hampton NH 03862 by 4/27/09
For more information, call Diane at 964-3170 or email her at diane@northhampton-nh.gov

NOT SCHOOL SPONSORED

