

# Louisa County Parks & Recreation Spring Break Camp

@ The Betty Queen Center

April 9-13

6:45am - 6:30pm

Our spring break camp will give children in grades K-5 a full week of activities, including a variety of sports programs, cooking activities, movies and outdoor fun. We also have special surprise local field trips planned for this week, which are included in the camp fee. A morning and afternoon snack is provided each day, but parents **must provide a bagged lunch**. Don't let your child miss out on the fun. Register early!



Fee per Day: \$23 1st Child  
\$16 2nd Child  
\$12 3rd Child

Fee per Week: \$100 1st Child  
\$75 2nd Child  
\$55 3rd Child



Registration **Deadline** is **Wednesday, April 4th**. Registration form **MUST** be turned in to the LCPR Office. If you have any questions call LCPR at 540 - 967 - 4420.

Must have a Minimum of 18 Participants; Maximum of 40



## Spring Break Camp April 9-13 Registration Form

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person Picking Child Up: \_\_\_\_\_

Participant Name First Last	Food Allergies	Grade	Male/ Female	Birth Date	Event / Date / Location	Fee
					Spring Break Camp 4/9	
					Second Child	
					Third Child	

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

\_\_\_\_\_  
Signature Parent/Guardian/Participant

\_\_\_\_\_  
Print Name - Parent/Guardian/Participant

\_\_\_\_\_  
Date