

# Preschool Gym Camp



Preschoolers ages 4-6 this is the perfect class to get moving and learn new sports and skills. Activities include individual and team sports, rope jumping, racket games, kickball, tag games, capture the flag, four square, floor hockey, soccer, bowling, and many others. Lessons are designed to keep kids engaged in learning activities and to keep their heart rates elevated. Character building, cooperative skills, individual success, and safety are all emphasized. Each session brings new and favorite activities. Bring a water bottle each day to stay hydrated. *Session 1 register by January 13. Session 2 register by February 17.*



Refunds, program credits or transfers are allowed up to one week prior to start of the program. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction.

**Session 1:** 7044

**Dates:** Mondays, January 23-February 13

**Session 2:** 7045

**Dates:** Mondays, February 27-March 19

**Time:** 10-11 a.m.

**Location:** Crystal Community Center  
4800 Douglas Drive

**Fee:** \$40 per session residents of New Hope,  
Crystal & Robbinsdale  
\$47 per session nonresidents

**Register with:**

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

**Register by phone with a major credit card:**

763-531-5151

**Online Registration:** Go to [www.ci.new-hope.mn.us](http://www.ci.new-hope.mn.us) and click on Rec Express. You will need a Password and Login ID number to register online.

## Preschool Gym Camp

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_ Special Needs? \_\_\_\_\_

\_\_\_\_\_ Session 1 (Jan 23-Feb 13) \_\_\_\_\_ Session 2 (Feb 27-March 19) Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned participant, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, 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 in promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_