PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721 Email: recreation@pelhamweb.com Fax: 603-508-3094

Let Go Your Mind Program 2022

Cost: \$360.00/child - for ages 6-13

Address:	Participant Name:			Age	:: DOB	:
Parent Email address: T-SHIRT SIZE (Check one)	Address:			Town:		State:
T-SHIRT SIZE (Check one) Child [] Small [] Med [] Large Adult [] Small [] Med [] Large Adult [] Small [] Med [] Large This program will begin on Monday, August 15, 2022 and run until Friday, August 19, 2022 from 9:00am to 3:00pm at St Patrick's Parish Center, 12 Main Street, Pelham, NH 03076. Before care is available Monday Through, 3:00-4:15Pm 4t \$55.00/child (no aftercare on Fridays). PSacrophysical available Monday-Thursday 3:00-4:15Pm 4t \$55.00/child (no aftercare on Fridays). Psacrophysical and a drink for your child. This program is designed to foster creativity, build character, develop discipline, cultivate curiosity, inspire imagination, an increase self-confidence while making friends! We emphasize the importance of teamwork and communication skills. Participants wi also develop life skills in a fun and encouraging atmosphere through their involvement in the art of control. This program may pose limited risks to the participants. These risks may include but are not limited to bumps, bruises, cuts abrasions, broken bones, concussions, heart attacks and even death. We advise that all those participating be in good physics ondition. Any limitations regarding physical capabilities should be made known to the Pelham Parks and Recreation Department. No prior knowledge or skills are required to take part in this program. "Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety: I have read and understand the information provided above. I have noted any physical or medical conditions the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participant is the risks normally incidental to the nature of this activity leaders/directors/supervisors. I, the unde	Parent Name:	Parent cell phone:				
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	In case of emergency and t	he parents/guardians car	not be reached, please	e contact:		
Name: Relation: Telephone:	Name:		Relation:		Telephone:	