

# Safety Camp

Your child will learn an incredible amount of safety information in three days. Participants will attend various safety sessions throughout the camp, which may include water safety, personal safety, home safety, fire safety and much more. We will also spend time playing park games and doing various activities. Safety Camp is for those entering grades 3-5 in fall 2024. Camp concludes with a graduation ceremony at 5 p.m. on August 15. Camp includes a T-shirt, snacks, lunches and a graduation event. Additional information will be emailed by August 8. *Register by July 12 to save \$5.*

**Tuesday - Thursday, August 13-15**

**Time:** 7:30 a.m. - 4:30 p.m. (program begins at 8 a.m.)

**Location:** Civic Center Park, 4401 Xylon Ave N

**Fee:** \$55 if registered by July 12, \$60 after July 12  
(Nonresidents of New Hope and Crystal add \$7 to the fee)



## Register:

New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55427  
763-531-5151

Online: [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)



Refunds, program credits or 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 \$10 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card. **Questions?** Call 763-531-5151.

## Thank you to our Safety Camp partners

New Hope Parks and Recreation  
New Hope Police Department  
West Metro Fire-Rescue District

## Thank you to our generous Safety Camp sponsors (as of late February):

Broadway Awards  
Jensen Sondrall Persellin & Woods, P.A.  
Minneapolis Regional Chamber  
New Hope Women of Today  
Stantec



Facebook.com/newhoperecreation

## Safety Camp - 2024 (113503-A)

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_ 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, 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 event to be used by the city in promotional materials.*

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

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_