



Special Olympics

North Carolina

New Hanover County

**Camp Shriver 2019 Young Athletes
FREE Summer Day Camp**

What is Camp Shriver?

Camp Shriver is a **FREE**, one-week, Special Olympics day camp program that gives athletes the opportunity to experience the joy of summer camp. It is our goal that Camp Shriver will create memories and opportunities to enhance the lives of Special Olympics Athletes. All campers will receive a FREE t-shirt and water bottle for participating!

NOTE: ALL SPECIAL OLYMPICS ATHLETES MUST HAVE A CURRENT SPECIAL OLYMPICS FORM AND CONSENT FORM ON FILE IN ORDER TO PARTICIPATE!
Also, chaperones are encouraged to attend with campers that require assistance.

When is Camp Shriver?

Week #1: 06/19-06/21 2-7 yr old Young Athlete Week

Camp Shriver Time:

8:30 am-12pm pick-up

8:30-9:00am Morning Arrive

Wednesday-Friday

12:00pm End Time

What to Wear and What to Bring Daily:

- Apply and bring Sunscreen
- Closed toe shoes (sneakers)
- Bag lunch (drinks and snacks are provided)

Location

Fit For Fun Center

What Activities Will Occur?

Daily activities will include all or some of the following: Arts & crafts, games, physical fitness activities, special guest visit, picnics, and more.

This information/publication does not represent the views of New Hanover County Schools nor does it constitute or imply endorsement, recommendation, or favoring by New Hanover County Schools.

How to Register:

Complete this form scan or mail it to the following **by Monday, June 10, 2019.**

Or scan/email it to brooke.deamaral@wilmingtonnc.gov

Special Olympics New Hanover County
302 Willard Street, Wilmington, NC 28401

Questions? Contact Brooke DeAmaral brooke.deamaral@wilmingtonnc.gov

Phone: (910) 341-7253

Fax: (910) 341-7854

Registration Form

Campers Name: _____

Phone: _____

T-shirt size: Please Circle One

Youth: S M L **Adult:** S M L XL 2XL 3XL

Birthdate: _____ **Age:** ____ **Week (refer to first page)#** _____

Emergency contact name and phone number:

EMAIL: _____

Campers Mailing Address:

Parent or Guardian: Print name _____

Signature _____

***** List All Allergies & Dietary Restrictions *****
