



# Parent Child Outdoor Programs

## Forts and Fires



Youth ages 4 and up and an adult, practice important wilderness survival skills. Learn to build and light a fire and construct a shelter that will keep you warm and dry. Participants 13 and younger must be with a paying/participating adult. *Register by October 10.*

232100-M: Wednesday, October 12  
Time: 5-6:30 p.m.  
Location: Sochacki Park,  
3500 June Ave N, Robbinsdale  
Fee: \$5 per person residents of New Hope,  
Crystal, Golden Valley and Robbinsdale  
\$12 per person nonresidents

## Bike with a Naturalist

Youth ages 12 and up, take advantage of MEA break and head out on a bike ride with a naturalist. Make observations about what is happening in the woods and wetlands. Helmets are required for this program. Bring your own bike and helmet or use one from our bike fleet. Participants 13 and younger must be with a paying/participating adult. *Register by October 13.*



232100-C: Thursday, October 20  
Time: 1-3 p.m.  
Location: Sochacki Park,  
3500 June Ave N, Robbinsdale  
Fee: \$10 per person residents of New Hope,  
Crystal, Golden Valley and Robbinsdale  
\$17 per person nonresidents

**Register with:** New Hope Parks and Recreation  
4401 Xylon Avenue North  
New Hope, MN 55428  
763-531-5151

**Online Registration:** Go to [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

 [facebook.com/newhoperecreation](https://facebook.com/newhoperecreation)

No refunds will be given unless class is cancelled by the Parks and Recreation Department. Confirmations are not sent. Participants should attend the class, unless informed that it is filled or cancelled. Sorry, exceptions for ages cannot be made. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card.

### Parent/Child Three Rivers Programs - Fall 2022

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Email \_\_\_\_\_  
Activity \_\_\_\_\_ Course # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Does Participant have a special need? \_\_\_\_\_ 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 program to be used by the city in promotional materials.*

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

AmEx/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_