

Have you ever wondered...

What life was like during the Civil War?



Why not find out?

Attend the 2011 Civil War Kids Camp

Open to children ages 7 - 14

Friday, April 22, 2011, 9:00 AM - 3:00 PM

Spend the Day Learning About

Military Life- Cavalry, Artillery and Infantry, what it was like to be a Civil War soldier

Women in the War- Spies, nurses, women soldiers, journaling

Home life- Quilting, cooking, soap & candle making, mapping, being a child in the 1860's

African Americans during the Civil War- Underground Railroad

And Much More!



Children that attend the Civil War Kids Camp will receive two (2) free tickets to the 2011 Civil War Evening Under the Stars & the 2011 Civil War Reenactment, being held on Saturday & Sunday, May 21 & 22, 2011

Registration is required - \$30 per child resident, \$50 non-resident
Limited to the first 30 children

Detailed information and registration instructions are on the back of this page

2011 CIVIL WAR KIDS CAMP

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Information for Parents & Guardians

Date: Friday, April 22, 2011

Time: 9:00 AM - 3:00 PM

Drop off- 8:45 AM **Check in-** 9:00 AM **Pickup-** 3:00 PM **PROMPTLY**

Location: Lick Run Community Center/ Park, 6159 Plank Road, Fredericksburg, VA 22407

Due to safety concerns and to provide the best experience for your child, parents are not allowed to accompany their children

General Information

Camp is open to children ages 7-14, the age determination date is January 1, 2011. This hands on camp will teach children what life would have been like during the Civil War. They will visit various learning stations throughout the day. Learning stations will teach participants about life in the military, what the home life was like for families, women's role in the war from spying to women in battle, medicine and nursing during the war, the underground railroad and much more. **For more information please contact the Economic Development & Tourism Office at (540) 507-7210.**

Registration Information

Registration Fee:

Registration Begins:

Registration deadline is:

Please make checks payable to:

Parks & Recreation Activity Number– 186000-01

\$30 per child resident, \$50 non-resident

Monday, February 7, 2011

Friday, April 8, 2011 before close of business (4:30 PM)

Treasurer of Spotsylvania County

****Registration is first come, first serve & is limited to 30 participants****

Ways to Register:

- Download forms from www.spotsylvania.org/2011.htm
- Register on-line at www.spotsylvania.va.us/parksandrec

Pickup registration forms at: Spotsylvania County
Parks & Recreation Department
10910 Leavells Road
Fredericksburg, VA 22407

Return registration forms to:

Spotsylvania County
Parks & Recreation Department
PO Box 28
Spotsylvania, VA 22553

A confirmation e-mail will be sent out around April 15, 2011. This e-mail will confirm your registration. All information regarding the camp will be emailed unless you elected to receive the information via mail on your registration form.

Withdrawal & Refunds:

Refund requests will be honored until April 15, 2011. Requests received after April 15, 2011 will not be honored. To withdraw from the camp contact the Spotsylvania Parks and Recreation Department 540-507-7529. As a follow up to your verbal cancellation request a written refund request, is required. A 20% administrative fee will be charged on all refunds. Failure to attend the camp does not constitute a proper withdrawal and a refund will not be issued.

What you will need:

- Wear weather appropriate clothing
- A canteen or bottle of water (filled prior to arrival)
- A bag lunch in a small cooler or nylon/polyester lunch bag
- Sunscreen & insect repellent
- Optional– poncho*

Registration Form

Activity Number- 186000-01

2011 CIVIL WAR KIDS CAMP

Date of Birth _____ / _____ / _____ Age _____ Sex: Male Female

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: C _____ H _____ W _____

Email address: _____

All information regarding the camp will be emailed unless you elected to receive the information via mail, below.

I prefer to receive camp information via mail

Release of Claims: (Parent or Guardian must sign for those under age 18):

I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the April 15, 2011 deadline. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/ Guardian Signature: _____

Printed Name: _____

Date: _____

Send completed form and check made payable to "Treasurer of Spotsylvania County"
(\$25.00 Fee On All Returned Checks)

To: Spotsylvania Parks and Recreation, PO Box 28, Spotsylvania, VA 22553

I hereby grant Spotsylvania County permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Spotsylvania County and will not be returned. I hereby irrevocably authorize Spotsylvania County to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Spotsylvania County's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Spotsylvania County from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)