



Camp Registration

1) HOUSEHOLD INFORMATION

Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell No.: _____ E-Mail: _____

2) ENROLLMENT

- Please complete section 2a for **EACH** child attending camp.
- If your child needs **MORNING DAY CAMP EXTENDED CARE SERVICES** for either camp (GMAC Day Camp or Teen Xtreme Camp) it is \$15 per week per child. Please complete section 2b for each child attending.
- If your child needs **AFTERNOON DAY CAMP EXTENDED CARE SERVICES** for either camp (GMAC Day Camp or Teen Xtreme Camp) it is \$15 per week per child. Please complete section 2c for each child attending.

Teen Xtreme Camp
entering 6th-8th
 \$100 per week
8:45 a.m.-4:45 p.m.
(extended care available)

GMAC Day Camp
entering 1st-5th
 \$85 per week
8:30 a.m.-4:30 p.m.
(extended care available)

*No Camp 5/27, 6/19 & 7/4

					Check the week(s) you are enrolling your child (NOTE: weeks cannot be reserved without payment)									
a) Child's Name	GMAC	Teen	Date of Birth	Grade Entering	5/28 thru 5/31	6/3 thru 6/7	6/10 thru 6/14	6/17 thru 6/21	6/24 thru 6/28	7/1 thru 7/5	7/8 thru 7/12	7/15 thru 7/19	7/22 thru 7/26	7/29 thru 8/2
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b) GMAC Morning Extended Care 7:00 a.m.-8:30 a.m.; Teen Xtreme Morning Extended Care 7:00 a.m.-8:45 a.m.					Check the week(s) you are enrolling your child (NOTE: weeks cannot be reserved without payment)									
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) GMAC Afternoon Extended Care 4:30 p.m.-6:00 p.m.; Teen Xtreme Morning Extended Care 4:45 p.m.-6:00 p.m.					Check the week(s) you are enrolling your child (NOTE: weeks cannot be reserved without payment)									
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Fee: _____

Check (make check payable to City of North Port)
 Credit Card -- Visa/Mastercard/Discover Only
 Cash

3) CHILD PICK UP AUTHORIZATION -- the following individual(s) are authorized to pick up my child(ren):

Name	Relationship	Cell Phone No.	Alternative No.

4) T-SHIRT SIZES: Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Child's Name	Child's T-Shirt Size	Child's Name	Child's T-Shirt Size

What are your child's swimming skills? Non-Swimmer Basic Swims unassisted Advanced

Does your child have any dietary restrictions? Yes No If Yes, please explain:

Does your child have any allergies? Yes No If Yes, please list:

Does your child need any special accommodations? Yes No If Yes, please detail:

What is your child's student number?

5) FIELD TRIP AND GENERAL RELEASE: (dates and field trip locations are subject to change)

Child(ren)'s Names:

Has my permission to attend all field trips included in the Camp Program under the supervision of the City of North Port Parks & Recreation. I have read, understand and agree with the following conditions:

1. The GMAC Summer Camp programs begins at 8:30 a.m. and ends at 4:30 p.m. Teen Xtreme program is 8:45 p.m-4:45 p.m. Campers may not be at the camp site before or after this time unless enrolled in Extended Care Services. **MORNING DAY CAMP EXTENDED CARE SERVICES** is \$15 per week per child. **AFTERNOON DAY CAMP EXTENDED CARE SERVICES** is \$15 per week per child.
2. A late fee of ten dollars (\$10) per 15 minutes (flat rate) per camper will be charged when campers are picked up late from camp programs. Late fees must be paid in full prior to campers return to camp.
3. I will review the City of North Port Parks & Recreation's Camp Parent Handbook with my child(ren). We agree to follow the Code of Conduct and abide by all policies and procedures.
4. All campers and staff participate in field trips. Therefore, if my child(ren) arrives late or leaves early, I will be responsible for taking him/her to and/or from the field trip site.
5. All campers must be toilet trained and be able to use toilet facilities independently.
6. Camp participants may be photographed by the City of North Port and the media for publicity of City programs.
7. **No refunds will be issued after May 14.** Refund requests received prior to May 14 will be assessed a \$25 cancellation fee per child.
8. The undersigned parent and/or guardian, in consideration of the City of North Port, through Parks & Recreation provided facilities, instruction and supervision in the registered activity, does hereby: assume all risk of possible damage or injury involved through participation of my child(ren) in the registered activity; permit my child(ren) to participate in the activity with full knowledge that said activity could result in damage or injury to the participant; and agree to indemnify and hold harmless the City of North Port and its departments or agents from liability resulting from participation in said activity.

ELECTRONIC SIGNATURE AUTHORIZATION: **By checking this box, I acknowledge that the electronic submittal of this registration form is the same as submitting a signed form.**

HANDWRITTEN SIGNATURE (required if not submitting electronically): _____ **Date:**

FOR STAFF USE ONLY:	_____ Received by	_____ Date
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