## George Mullen Activity Center

1602 Kramer Way North Port, FL 34286 Phone: (941) 240-8125 December 26-29, 2023 & January 2-5, 2024 (No camp December 25, 2023 and January 1, 2024)

L) HOUSEHOLD INFORM		C Winter Break Camp I		
arent/Guardian:				
Address:		City:	State:	Zip:
Home Phone:	Work Phone:	Cell No.:	E-Mail:	
2) ENROLLMENT				
<ul> <li>Please complete sect hours are 8:30 a.m</li> </ul>	tion 2a for each child attending <b>G</b> 4:30 p.m.	MAC DAY CAMP. Children n	nust be enrolled in 1st-8th grad	e. Day camp
<ul> <li>If your child will need</li> </ul>	d MORNING DAY CAMP EXTENDE	ED CARE SERVICES between	the hours of 7:00 a.m8:30 a.m	n., please compl
section 2b for each o	_			
<ul> <li>If your child will need section 2c for each c</li> </ul>	d <b>AFTERNOON DAY CAMP EXTEN</b> thild.	IDED CARE SERVICES between	en the hours of 4:30 p.m6:00 p	o.m., please com
) Child's Name			Date of Birth	Grade
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	1:30 n m \$80 ner child		•	- Orduc
	!:30 p.m. \$80 per child		,	Grade
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	!:30 p.m. \$80 per child			Grade
	!:30 p.m. \$80 per child			Grade
	l:30 p.m. \$80 per child			Grade
y Camp Only, 8:30 a.m4	7:00 a.m8:30 a.m.;			Grade
y Camp Only, 8:30 a.m4	7:00 a.m8:30 a.m.;			
, Camp Only, 8:30 a.m4	7:00 a.m8:30 a.m.;			
y Camp Only, 8:30 a.m4	7:00 a.m8:30 a.m.;			
y Camp Only, 8:30 a.m4  Morning Extended Care  \$10 per child for duration	7:00 a.m8:30 a.m.;			
y Camp Only, 8:30 a.m4  Morning Extended Care \$10 per child for duration	7:00 a.m8:30 a.m.; n of camp			
Camp Only, 8:30 a.m4  Morning Extended Care  10 per child for duration  Afternoon Extended Care	7:00 a.m8:30 a.m.; n of camp re 4:30 p.m6:00 p.m.;			
Camp Only, 8:30 a.m4  Morning Extended Care  10 per child for duration  Afternoon Extended Care	7:00 a.m8:30 a.m.; n of camp re 4:30 p.m6:00 p.m.;			
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	Name	Relationship	Telephone No.	Cell Phone No.				
Do	es your child need any special accommodations?	No If Yes, please de	etail:					
D	pes your child have any allergies? Yes No If Yes, ple	ease list:						
Do	es your child have any diet restrictions?  Yes No If	Yes, please detail:						
	•							
4)	4) FIELD TRIP AND GENERAL RELEASE:							
Child(ren)'s Names:								
Has my permission to attend all field trips included in the GMAC Camp Program under the supervision of the City of North Port, Parks and								
Re	creation Division. I have read, understand and agree with the	e following conditions:						
1.	The GMAC Camp program begins at 8:30am and ends at 4: unless enrolled in Extended Care Services. MORNING DAY per child. AFTERNOON DAY CAMP EXTENDED CARE SERVI	CAMP EXTENDED CARE SE	<b>RVICES</b> (7:00 a.m8:30 a					
2.								
_	Late fees must be paid in full prior to campers return to camp.							
3.	I have reviewed the 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 this program.							
7.	No refunds will be issued.							
8.	3. The undersigned parent and/or guardian, in consideration of the City of North Port, through Parks & Recreation providing facilities, instruction and supervision in the registered activity, does hereby:							
	(a) assume all risk of possible damage or injury involved through participation of my child(ren) in the registered activity;							
	(b) 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							
	(c) agree to indemnify and hold harmless the City of No participation in said activity.	rth Port and its departmen	ts or agents from liability	resulting from				
E		this box, I acknowledge that ame as submitting a signed		al of this registration				
ŀ	IANDWRITTEN SIGNATURE (required if not submitting electr	ronically):  Date:						
_								
FO	FOR STAFF USE ONLY:							
	R	eceived by	_	Date				