



For Staff Use Only
Received by: _____
Date: _____

## 2024-2025 GMAC WINTER BREAK CAMP REGISTRATION

### 1. HOUSEHOLD INFORMATION

Parent/Guardian _____ City: _____ Home Phone: _____ Cell Phone: _____	Address _____ State: _____ Zip: _____ Work Phone: _____ Email: _____
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### 2. ENROLLMENT:

- Please complete section 2a for each child attending GMAC DAY CAMP. Children must be enrolled in 1st-8th grade. Day camp hours are 8:30 a.m.-4:30 p.m.
- If your child will need MORNING DAY CAMP EXTENDED CARE SERVICES between the hours of 7-8:30 a.m., please complete section 2b for each child attending.
- If your child will need AFTERNOON DAY CAMP EXTENDED CARE SERVICES between the hours of 4:30-6:00 p.m., please complete section 2c for each child.

Child's Name	Date of Birth	Grade	Check the week(s) you are enrolling your child	
a. Day Camp Only, 8:30 a.m.-4:30 p.m.			Week 1: \$60	Week 2: \$80
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
b. Morning Extended Care, 7-8:30 a.m.			Week 1: \$15	Week 2: \$15
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
c. Afternoon Extended Care, 4:30-6 p.m.			Week 1: \$15	Week 2: \$15
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total Fee:  
\_\_\_\_\_



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

Name	Relationship	Phone No.	Cell Phone No.

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

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

Does your child have any diet restrictions?    Yes    No    If yes, please list: \_\_\_\_\_

**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 Recreation Division. I have read, understand and agree with the following conditions:

1. The GMAC Camp program begins at 8:30 a.m. and ends at 4:30 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 (7-8:30 a.m.) is \$15 per child. AFTERNOON DAY CAMP EXTENDED CARE SERVICES (4:30-6 p.m.) is \$15 per child.
2. A late fee of ten dollars (\$10) per 15 minutes (flat rate) 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 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. 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 North Port and its departments or agents from liability resulting from participation in said activity.

Handwritten Signature  
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Date:  
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