



**DEPARTMENT OF LEISURE SERVICES
2011 SUMMER DAY CAMP REGISTRATION FORM**

INSTRUCTIONS: Please print clearly and fill out this form in its entirety. Complete a separate application for each child, and attach COPIES of each child's BIRTH CERTIFICATE. (You must provide a copy of Form 121 if your child is not currently attending an accredited elementary school. Ex: if your child is 5 years old, but has not yet attended Kindergarten)

CAMP SITES

Select one site.

AGES 5-8

Harrison Central Elm.

AGES 5-12

- Bel-Aire
- Herbert Wilson
- Three Rivers

Special Needs

FLASH Camp

SESSIONS

Select all that apply.

Session #1 (2 weeks)
May 31 - June 10

Session #2 (2 weeks)
June 13 - June 24

Session #3 (2 weeks)
June 27 - July 15

*Camp will be closed July 4-July 8

Session #4 (2 weeks)
July 18 - July 29

CAMPER INFORMATION

Child's Full Name _____ Date of Birth _____

Address _____ City _____ ST _____ ZIP _____

Home Phone _____ Age _____ Sex: Male Female

SS# _____ Email: _____

Did your child attend camp last summer? YES NO Location? _____

Is your child enrolled in an accredited elementary school? YES NO School? _____

T-Shirt Size: (Youth) S M L (Adult): S M L XL (Only one T-shirt will be provided to each child.)

LEGAL GUARDIAN INFORMATION

Father's Name _____

Employer _____

City _____ ST _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mother's Name _____

Employer _____

City _____ ST _____

Home Phone _____

Work Phone _____

Cell Phone _____

EMERGENCY CONTACTS & MEDICAL INFORMATION

Application must contain at least 2 Emergency Contact individuals in the event the parent/legal guardian is unavailable.

Name _____ Relation _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

Name _____ Relation _____ Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____

Child's Physician _____ Phone _____ Hospital Choice _____
Insurance Company _____ Policy # _____

Please list any pertinent issues which may limit your child's activities or that would help the staff to better understand and care for your child. (health or behavioral conditions, medication, allergies, asthma, etc.) If none, please write N/A. _____

I UNDERSTAND THAT I SHALL BE NOTIFIED IF A HEALTH PROBLEM OCCURS. HOWEVER, IF I CAN NOT BE REACHED BY TELEPHONE, OR MY CHILD IS IN MEDICAL CRISIS AND REQUIRES IMMEDIATE CARE, I AUTHORIZE A REPRESENTATIVE OF THE CITY OF GULFPORT TO OBTAIN ANY AND ALL MEDICAL TREATMENT TO BE PERFORMED AS DEEMED NECESSARY BY LICENSED MEDICAL PERSONNEL, INCLUDING EMERGENCY MEDICAL PERSONNEL, AMBULANCE PERSONNEL AND HOSPITAL DOCTORS AND NURSES.

Parent's Signature _____ Date _____

CHILD PICK-UP AUTHORIZATION

(Persons other than Legal Guardians & Emergency Contacts)

The persons listed below are empowered by the parents or guardians to pick up and drop off the child named on this application. The Gulfport Department of Leisure Services will ask for identification from these persons before releasing the child to them. If any person, even if they are listed below, fails to provide satisfactory identification when requested, the child will not be released to them until the parent or guardian is contacted. We require the parent or guardian to send a notification in writing to the camp director when someone other than the parent will be picking up the child.

Name _____ Phone (1) _____ Phone (2) _____
Name _____ Phone (1) _____ Phone (2) _____
Name _____ Phone (1) _____ Phone (2) _____

Child's Full Name _____

IMPORTANT CAMP INFORMATION



- Camp will take place in **2 WEEK SESSIONS**.
- Tuition is **\$110 (FOR 2 WEEKS) per child**. (\$55/week)
- Fees will be due on the **first Monday of each (2 week) session**. (Fees will be paid every other week.)
- To ensure your child's space, you must pay for the entire 2 week session, regardless of the number of days your child attends or plans to attend.
- To ensure safety and quality care in our program, **CASH WILL NOT BE ACCEPTED AS PAYMENT FOR CAMP FEES**. We will only accept checks or money orders at the camp sites as payment for camp fees.

_____ (**←Initial Here**) I acknowledge that I have read, understand, accept, and consent to adhere to the aforementioned Summer Day Camp Fee Assessment Policies.

_____ (**←Initial Here**) I acknowledge that if I do not abide by the two week payment schedule, and if fees remain unpaid by the morning of the 2nd day of each two week session, my child will not be accepted into camp on the 3rd day (or any day thereafter) until all past due fees are paid at the Leisure Services Administration Office.

By initialing next to each section, I acknowledge that I have read, understand, accept, and consent to adhere to the following Summer Day Camp Policies.

FIELD TRIP AUTHORIZATION _____ (**←Initial Here**)

The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by the Gulfport Department of Leisure Services Summer Day Camp program. I understand that I will be notified in advance of all field trips and of any additional fees or arrangements which may arise as a result of field trips. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish for my child to participate in any of the scheduled field trips, I will notify my child's camp director in writing at least 24 hours prior to the scheduled trip. I acknowledge that trip schedules may change due to unforeseen and uncontrollable situations.

PARENT HANDBOOK & MS CHILDCARE REGULATIONS SUMMARY _____ (**←Initial Here**)

I have received a copy of the City of Gulfport, Department of Leisure Services Summer Day Camp and Playground Program Parent Handbook which outlines the policies and procedures, code of conduct, disciplinary procedures and other information concerning the summer program. Included in the handbook is the MS Childcare Regulations Parent Summary.

RELEASE OF LIABILITY _____ (**←Initial Here**)

- In consideration of the services and facilities provided by the City of Gulfport Department of Leisure Services, its employees, agents, sponsors and officers, I hereby release and acknowledge that The City of Gulfport does not provide liability insurance to cover accidents for the children who attend the camp and forever discharge the aforementioned from any and all liability arising out of my child's participation in this program.
- I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.
- I agree that photographs, videotapes, motion pictures, recordings, or any other reproduction of my child's image may be used for the purpose of promoting programs operated by the City of Gulfport, Department of Leisure Services. I hereby grant the City of Gulfport Department of Leisure Services permission to use such images in any media now or hereafter known for any legitimate purpose whatsoever, and to use my name in connection therewith if the City of Gulfport Department of Leisure Services so chooses.
- In case of illness, I authorize a representative of the City of Gulfport to obtain immediate care deemed necessary by licensed medical personnel.
- I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

I, the parent/guardian of the child whose name appears on this application, who is participating in the Gulfport Department of Leisure Services Summer Day Camp Program, hereby give my permission and approval to his/her participation during the current year. I assume all risks and hazards incidental to the conduct of this program and its activities. I do further hereby release, absolve, and indemnify and hold harmless the Gulfport Department of Leisure Services, the organizers, the sponsors, the supervisors, and/or all of them.

In case of injury to my child, I likewise waive all claims against the organizers, the sponsors, or any of the supervisors as well as any claim against any person transporting my child to and from the activities.

Signature of Parent/Guardian _____

Printed Name _____

Date _____ **Phone** _____

FOR OFFICE USE ONLY

Registration Fee _____/_____/_____
_____ \$15 _____ \$20

Birth Certificate _____/_____/_____

Form 121* _____/_____/_____
**Required if child attends out of state school*

Accepted _____/_____/_____

Registrant Initials: _____

Withdrawn _____/_____/_____

Reason:

Staff Initials: _____