



2018 DEPARTMENT OF LEISURE SERVICES
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 Elementary
Herbert Wilson
Three Rivers Elem.

Special Needs

FLASH Camp

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

Camp Weeks

Select all that apply.

- Week 1 (June 4-June 8)
Week 2 (June 11-June 15)
Week 3 (June 18-June 22)
Week 4 (June 25-June 29)
Week 5 (July 2-July 6) *Closed 7/4*
Week 6 (July 9-July 13)
Week 7 (July 16- July 20)
Week 8 (July 23-July 27)

LEGAL GUARDIAN INFORMATION

Father's Name

Mother's Name

Employer

Employer

City ST

City ST

Home Phone

Home Phone

Work Phone

Work Phone

Cell 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)

IMPORTANT CAMP INFORMATION



- **Camp registration fees and weekly tuition are non-refundable.**
- Tuition is **\$50/week** per child.
- Fees will be due on the **first Monday of each week.** (Fees will be paid every week.)
- To ensure your child's space, you must pay for the entire week, regardless of the number of days your child attends or plans to attend.
- **NO CHECKS WILL BE ACCEPTED AS PAYMENT FOR CAMP FEES.** We will only accept cash, cashier's check or money orders at the camp sites as payment for camp fees.
- There will be a \$25 no show fee for the week if your child does not attend camp to hold his/her spot.

_____ (**←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 weekly payment schedule, and if fees remain unpaid by the morning of the 2nd day of each week, 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 am aware that a copy of the City of Gulfport, Department of Leisure Services Summer Day Camp and Playground Program Parent Handbook can be found at <http://www.gulfport-ms.gov/lisummercamp.shtml> and it 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 _____ / _____ / _____
 \$50 \$60

Birth Certificate _____ / _____ / _____

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

Accepted _____ / _____ / _____

Registrant Initials: _____

Withdrawn _____ / _____ / _____

Reason:

Staff Initials: _____