

**GAINESVILLE PARKS AND RECREATION HOLIDAY BREAK  
CAMP REQUIRED INFORMATION FORM 2023**

**HOLIDAY BREAK CAMP**

**Ages: 6-12**

**Dates: November 20<sup>th</sup> -21<sup>st</sup> , 2023 ; December 18<sup>th</sup> -21<sup>st</sup>, 2023 ; December 27<sup>th</sup>-29<sup>th</sup>, 2023**

**Dates Attending:** \_\_\_\_\_

**Camper Full Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Preferred Name)

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Grade to be entered in Fall:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(Last) (First)

**Status:**  Single  Married  Divorced  Remarried  Absent  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone/Pager:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Father's Name:** \_\_\_\_\_  
(Last) (First)

**Status:**  Single  Married  Divorced  Remarried  Absent  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone/Pager:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Other Custodial Guardian Name:** \_\_\_\_\_  
(Last) (First)

**Status:**  Single  Married  Divorced  Remarried  Absent  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone/Pager:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

Child's Name: \_\_\_\_\_

**AUTHORIZED PICK UP OF PARTICIPANT**

Please list anyone other than yourself, the parent/guardian, who is **authorized** to pick up your child from Day Camp at any time. Any changes to this list must be made in writing. We require individuals authorized to pick up a child to provide photo identification. Individuals without photo identification will not be allowed to pick up participants.

**Authorized List**

Name	Relationship	Phone Number

**Not Authorized to Pick-up Participant**

Please list anyone who is **not allowed** to pick up your child. Any changes to this list must be made in writing by the parent/guardian who registered the child for Day Camp.

**Not Authorized List**

Name	Comments/Relationship	Phone Number

**Emergency Numbers:** Please give the name, address and phone number of three people that may be notified in case of emergency or illness, when parents or guardian are not available. These people should live in the Gainesville area. Please provide a telephone number where these people may be reached during program hours. All must be able to pick up your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Health History and Preferences for Medical Treatment:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth's Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Youth's Policy Number: \_\_\_\_\_

**Is your child currently taking any medications? If so, what, when, and why?**

(If given during the day, please complete Authorization to Administer Medication on page 5.)

\_\_\_\_\_

**Does your child have any allergies (drugs, food, milk, latex, chemicals, etc....)?**  Yes  No

**To what?** \_\_\_\_\_

**What are the effects of the allergy on your child and what needs to be done?**

\_\_\_\_\_

If allergies are listed, you are required to send Benadryl, Epi-Pen, or other medication on a daily basis. Please complete the Authorization to Administer Prescribed and Non-Prescribed Medication section on Page 5.

**List any disability, chronic or recurring illness or conditions (Asthma, Diabetes, etc...) your child has:**

\_\_\_\_\_

If Asthma is listed, you are required to send an inhaler on a daily basis. If Diabetes is listed, you are required to send appropriate medication, testing equipment, and/or food on a daily basis. Please complete the Authorization to Administer Prescribed Medication section on Page 5.

**List any special needs (ADD, ADHD, Autism, Asperger's, Down's) your child has:**

\_\_\_\_\_

**Is there any other information you would like to give us about your child to help us better care for them?**

\_\_\_\_\_

**Is your child currently on a behavior plan at school?**  Yes  No **If Yes, please explain:**

\_\_\_\_\_

**Does your child have a 1 on 1 Aide at school?**  Yes  No **Outside of school?**  Yes  No

**Parent/Guardian Authorizations and Acknowledgments**  
 The following statements MUST be initialed by you for your child to attend camp.

**Agreement to Adhere to the Policies/Procedures and Expectations:** This page contains a summary of the various sections of the "Camp Parent Handbook" as located on the Gainesville Parks & Recreation website ([www.gainesville.org/recreation](http://www.gainesville.org/recreation)). The information contained above and herein is complete and correct, and that the referenced youth is able to engage in all program activities except where limitations have been noted. I acknowledge that the above referenced youth and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Camp Parent Handbook. Further, I and the above referenced youth agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so by either myself or my child will result in dismissal from the program.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Responsibility of Child Care:** I understand that Gainesville Parks and Recreation's responsibility for my child ends when an authorized adult or I has signed out my child from the program. I understand that I am not to leave my child at the program site unless released to a program staff member who is there to receive/supervise my child. Additionally, if I arrive after 9:00am at the camp site and the rest of the camp has already departed for the day, I understand that it will be my responsibility to find alternate child care for my child for that day.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Staff - Camper Relationships:** I understand that the program staff and volunteers are not allowed to baby-sit or transport children at any time or for any reason outside of the summer camp program. The only exception to this is when a staff member and a camper are biologically related or reside at the same residence.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Information Update Acknowledgment:** I acknowledge my responsibility for keeping GPRA advised of significant changes in enrollment information concerning phone numbers, work locations, emergency contact, family physicians, etc.... I understand that any changes must be made in writing and submitted to the GPRA Main Office.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Authorized Child Pick-Up:** I understand that my child will not be released to any person that has not been designated on the program registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in writing and faxed or delivered to the Gainesville Parks and Recreation Office or Camp Coordinator prior to the time this person is scheduled to pick up my child. I also understand that should an authorized person arrive to pick up my child that exhibits behavior as if under the influence of drugs or alcohol, the Gainesville Parks and Recreation staff reserves the right to not release your child to that individual if staff believes your child could be placed in possible danger. The police and/or DFACS may be contacted if another alternative is not reached.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Permission for Field Trips:** The above referenced youth has my permission to go on all scheduled field trips. I understand that if for some reason I do not want my child to attend a field trip, it is my responsibility to find alternate child care arrangements for my child on that day.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Permission to Participate in Water Activities:** The above referenced youth has my permission to participate in activities that involve water (creeks, waterfalls, lakes, etc...), water parks and swimming pools while under the supervision of the Gainesville Parks and Recreation staff or their representatives.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**Authorization for Emergency Medical Attention:** In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to the program staff or their representatives to transport the above mentioned child to the nearest emergency facility and/or to secure the intervention of medical personnel deemed to be necessary treatment, including hospitalization. This treatment and emergency transportation (ambulance and / or life flight) will be my own financial responsibility.

\_\_\_\_\_/\_\_\_\_\_ **initials**

**State Mandated Reporters of Child Abuse and Neglect:** I understand that state law mandates Gainesville Parks and Recreation to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.  
\_\_\_\_\_/\_\_\_\_\_ **initials**

**Parent/Guardian Authorizations and Acknowledgments**  
The following statements **MUST** be initialed by you for your child to attend camp.

**Lost/Stolen/Broken Objects:** I understand that Gainesville Parks and Recreation, its staff, and partners will not be held responsible or liable for lost/stolen, and/or broken objects of the camper at camp. It will be the responsibility of the camper's family to replace any such objects.  
\_\_\_\_\_/\_\_\_\_\_ **initials**

**Acknowledgement of Birthdays and Special Occasions:** I understand that for special occasions GPRA may serve a special snack and/or meal (for example: our Annual Fourth of July Cook-out). I will be notified of this event at least one week prior to the day and may decide to provide my child with a meal from home if the proposed meal is not to my child's liking. I also understand that if my child wants to celebrate their birthday at camp, that I must bring enough cake/cupcakes/ice cream to serve the entire camp. I must also notify the Camp Coordinator of my intentions at least one week prior to the desired date.  
\_\_\_\_\_/\_\_\_\_\_ **initials**

**Acknowledgement of meals and/or snacks:** I acknowledge that Gainesville School System WILL provide my child with breakfast and lunch during a portion of the camp season. I further agree that when the meal service has ended, it will be my responsibility to provide my child with nutritious meals, snacks, and drinks on a daily basis. I understand that it is my responsibility to provide my child with a healthy snack and drink daily both during and after the meal service period if my child requires a certain diet. I also understand that evening meals are not provided.  
\_\_\_\_\_/\_\_\_\_\_ **initials**

**Optional Acknowledgements & Permissions**

**Please read the following statements and complete only if they are applicable to your child.**

**\*\*\* Authorization to Administer Prescribed or Non-Prescribed Medication \*\*\***

I hereby request the Gainesville Parks and Recreation Agency, through its designated authority, to administer the medication herewith provided, in it's properly labeled container, according to the instructions contained on the statement below, to my child \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Time Medication is to be given during the day: \_\_\_\_\_

Expected Duration of Administration of Medication: \_\_\_\_\_

Possible Side Effects, if any \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\* City Transportation Waiver \*\*\***

By signing below, I agree to allow my child to participate in the above program. I hereby release, absolve, and hold harmless the City of Gainesville, the Gainesville City Board of Education and School System, Gainesville Parks and Recreation, as well as its representatives, successors, and assigns for any and all claims for personal injury, property damage, death, or other damages sustained while participating in a City program and/or traveling in a City vehicle / bus. The above referenced youth has my permission to be transported by the Gainesville Parks and Recreation staff or the Gainesville City School System or their representatives in approved vehicles. I understand that no transportation will be provided to or from camp / home.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Notification of Identification Process \*\*\***

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release your child to them. Additionally, your child will not be released to any person refusing to show ID. ***This is a precautionary measure to ensure the safety of your child.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER OF LIABILITY STATEMENT BELOW**

In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Gainesville Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I or my child/ward may be photographed while participating in the above program(s). I give my permission for photos or videotape of me or my child/ward to be used to promote Gainesville Parks and Recreation and that such photos and video will be the property of Gainesville Parks and Recreation.

SIGNATURE

\_\_\_\_\_ DATE: \_\_\_\_\_  
PARTICIPANT OR GUARDIAN (IF UNDER 18)

**Camp Disciplinary Action Plan**

Children are entitled to a pleasant and safe environment while participating in this program. The types of behaviors that we expect from children are as follows.

1. Respect for fellow children and staff
2. Be responsible for personal belongings
3. Participation in all camp activities
4. Possess positive and caring attitude
5. Follow proper safety procedures while on buses and at special activities

**Disciplinary Procedure:**

Gainesville Parks and Recreation can not serve children who display unacceptable behavior. Camp staff works in every way possible to enable a child to remain in camp. However, when a child's behavior is consistently a problem, the following steps are taken:

- **Step 1: Disciplinary Referral**  
This form is completed by counselors and then sent with the camper to the Camp Coordinator. With the help of the Coordinator / Director, the camper will then complete an Action Plan. The Coordinator will then determine what, if any, further action needs to be taken.
- **Step 2: Disciplinary Action Report (Write-up)**  
These forms are used to inform parents of what problematic behavior occurred at camp. The parent is expected to discuss the problematic behavior with the child at home. As problematic behavior reoccurs or as new problematic behaviors appear, additional Reports will be sent home to the parent.
- **Step 3: Parent Conference / Behavior Plan**  
A parent conference can be called at any time depending on the severity of the behavior. After 3 Disciplinary Action Reports, a parent conference will definitely occur. Staff and parents will develop a solution together to improve the child's behavior. A behavior incident sheet will be completed and a copy kept in the child's file.
- **Step 4: Suspension from program**  
If a child continues to exhibit unacceptable behavior or the behavior is so severe, a one (1) to four (4) day suspension will be given. Before the child is allowed back in the program the Parent, Recreation Program Coordinator and Camp Coordinator will have a conference. Refunds are NOT given for suspensions.
- **Step 5: Expulsion from the program**  
In the case of continual behavior problems, when the child's behavior has not improved and doesn't seem like it is going to, expulsion from the program may be the only option left.

**NOTE:** Should a child's behavior be determined to be physically dangerous to him/herself or others, the child will be suspended immediately and a parent conference will be scheduled before the child may return to the program. Our goal is for all children to attend camp and have a positive experience. We realize that some children do not adjust to our program structure and we cannot meet their needs. If we have to make the decision to expel a child from camp, a parent conference will be scheduled and we will make a recommendation that you place your child (ren) in a different camp setting.

I understand the Disciplinary Action Plan described above and agree to abide by all the disciplinary guidelines set by Gainesville Parks and Recreation. Further, I and the above referenced youth agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so by either myself or my child will result in dismissal from the program.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Child's Name (Signature)

Child's Name: \_\_\_\_\_

Bright from the Start  
Notice of Exemption

I have been informed and understand that this Gainesville Parks and Recreation Camp program is not required to be licensed by the Georgia Department of Early Care and Learning as this program is exempt from state licensure due to being a government operated recreation program; however, I understand that the program does meet or exceed applicable licensing requirements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian