

# 2023 Summer Camp Registration Form



Fleischmann Park P: (239) 213-3020 F: (239) 213-3018  
fleischmannpark@naplesgov.com

**CAMPER'S NAME** (one per form): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Going Into: \_\_\_\_\_

Camp Dates	Camp Title	Fee	Camp Title	Fee
WK1 06/05 – 06/09				
WK2 06/12 – 06/16				
WK3 06/19 – 06/23				
WK4 06/26 – 06/30				
WK5 07/03– 07/07 *No Camp on 7/4				
WK6 07/10 – 07/14				
WK7 07/17 – 07/21				
WK8 07/24 – 07/28				
WK9 07/31 – 08/04				

All request for withdraws/refunds from camp must be made in writing and received a minimum of a 72 hours before the start of the camp. A 10% processing fee will be assessed to refunds. No Refunds or transfers will be allowed less than 72 hours prior to camp.

**PARENT OR GUARDIAN INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PAYMENT:**

We accept cash, checks, Visa, MC, Discover, & American Express. Make checks payable to City of Naples.

ENCLOSED AMOUNT: \$ \_\_\_\_\_ CHECK #/s: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CVV: \_\_\_\_\_

**Waiver:** I, the undersigned, will indemnify, defend and hold harmless the City of Naples, its contractors, its agents, employees, officers, servants, instructors, volunteers and any and all other associates, from and against any and all actions, in law or in equity, from liability or claims for damages, demands or judgments to any person or property which may result now or in the future, including all injuries that may be suffered by me or my child, children or guardianship. I understand that this waiver includes any claims based on negligence, action or inaction of any of the parties. The undersigned further expressly agrees that the foregoing release, waiver, and indemnify agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. In addition, I and/or my child agree to follow all the rules and regulations of the Summer Camp Program and understand that my child may be suspended from Camp for violations of the stated rules. I also give permission for my child to go on any field trips and off property excursions during the camp program. I understand and agree that my child may be photographed during participation in this program and that said photographs may be used for promotion of our program and/or the media. I, the undersigned, have read and voluntarily signed the release and waiver of liability and indemnity agreement, and further agree to no oral representations, statements, or inducements apart from the foregoing written agreement have been made. **I will be responsible for all payments due.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My child needs a modification/accommodation to participate in this program. (please ask staff for add'l forms)

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## PICK UP AUTHORIZATION:

The following people are authorized to pick up my child from the City of Naples Summer Camp. I understand that my child/children will be allowed to leave with these individuals only. Photo identification will be asked for at sign out.

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

Name of person/s NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up a child.)

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_