



# Holiday Camp

2019-2020 Registration Form  
(December 30<sup>th</sup> 2019, January 2<sup>nd</sup>, 3<sup>rd</sup>, 6<sup>th</sup> 2020: 7:30 AM to 5:30 PM)  
FOR CHILDREN AGES 5-11 ONLY

December 30 <sup>th</sup> : \$20	<input type="checkbox"/>
January 2 <sup>nd</sup> : \$20	<input type="checkbox"/>
January 3 <sup>rd</sup> : \$20	<input type="checkbox"/>
January 6 <sup>th</sup> : \$20	<input type="checkbox"/>

Rec Hall at City Park 170 Charles Austin Drive	Total Fees Paid \$ _____
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Notice: Program spots will be reserved after payment is received.  
**PLEASE MAKE CHECKS PAYABLE TO: CITY OF SAN MARCOS**  
City of San Marcos Parks and Recreation (512) 393-8400

### GENERAL INFORMATION:

Please Print Legibly

CHILDS NAME: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GENDER: F  M  AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTH CERTIFICATE: On file:  New Copy:  E-MAIL ADDRESS: \_\_\_\_\_

### CONTACT INFORMATION:

CONTACT	NAME OF GUARDIAN(S)	CELL PHONE	WORK PHONE	HOME PHONE
PARENT/GUARDIAN				
PARENT/GUARDIAN				
EMERGENCY CONTACT (Other than Parents)				
PHYSICIAN				

Can we register you for text message updates about the program via Remind? We will send out no more than 7 messages per week and standard text message rates do apply. You can unsubscribe at any time.  YES  NO

### HEALTH INFORMATION:

Please list any health restrictions that will require special accommodations:

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Medication required during program hours?  YES  NO

**Medication of any kind will not be administered by staff**



**PERMISSION FOR PHOTOGRAPHY:**

The City uses photographs of children in Holiday Camp to promote the program. The City will not use photographs of your child without your permission. Do you grant permission for use of photographs of your child by the city?

YES  NO

**LATE PICK UP POLICY:**

A late fee will be assessed if your **child is not picked up by 5:30 pm**. The late fee charge will occur in 15 minute increments and must be paid before your child may return to the program (i.e. 5:31 pm.- 5:45 pm = 15 minutes at a rate of \$6.00 per 15 minutes). Any child picked up after 5:45 pm. will not be allowed to return to the program until the parent/guardian makes an appointment with the Youth Services Specialist.

**Please list below anyone you give permission to pick your child up from the program besides the parents and emergency contact listed on the front. They will be required to show ID.**

NAME	PHONE #	RELATIONSHIP TO PARTICIPANT

**RELEASE OF LIABILITY:**

I, the undersigned, certify that my child is at **least five (5) years old**. I understand that falsification of any information on this form may disqualify my child from this program.

In consideration of the acceptance of my child’s registration in HOLIDAY CAMP, I hereby release the CITY OF SAN MARCOS, and their agents, employees, officers and servants from any and all damages and injuries which may occur while my child is enrolled in HOLIDAY CAMP, I certify that I have the legal authority to execute this release on behalf of my child. I also certify that I have read the program guidelines in the HOLIDAY CAMP parent handbook found at [www.sanmarcostx.gov/holidaycamp](http://www.sanmarcostx.gov/holidaycamp). I understand that violation of these guidelines may result in the removal of my child from this program without refund.

\_\_\_\_\_  
**Child’s Name**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

Should you have any questions, please contact Tori Garcia, Youth Services Specialist at [vgarcia@sanmarcostx.gov](mailto:vgarcia@sanmarcostx.gov) or 512-393-8274