

# **Camp Eagle**

## **Summer Day Camp for Ages 6-12**

### **Garden City Parks and Recreation Department**



**FIRST DAY OF CAMP May 31<sup>st</sup> – July 29<sup>th</sup> 2022**

#### **Age Groups**

**6-8 - Lions**

**9-10 - Tigers**

**11-12 - Bears**

**Swimming, Archery, Team Sports, Field Trips, Arts & Crafts,  
Songs & Skits, Games and More!**



#### **Swim Lesson Available**

**\$25.00 Registration Fee**

**\$75.00 Week/ One Child (Per Child)**

**\$65.00 Week/ Two children (Per Child)**

**\$55.00 Week/Three or More Children (Per Child)**

**\$25.00 Daily Rate (Per Child)**

**Camp Monday-Friday**

**Drop Off 7am-9am**

**Camp Activities 9am-4pm**

**Pick Up 4pm-6pm**

**Camp Held at Garden City Gym  
160 B. Priscilla D. Thomas Way 966-7788**

Register at Garden City Recreation Office located in the Basketball Gym at  
160B.Priscilla D. Thomas Way 966-7788

# Camp Eagle

## Registration Form

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Complete and Return to Garden City Recreation Department

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ wk # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ wk# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Comments (Allergies, Health Problems, Medications, ect.)

\_\_\_\_\_

\_\_\_\_\_

The Following Adults are Authorized to pick my child, including parent (s) :

|            |                 |
|------------|-----------------|
| Name _____ | Phone No. _____ |
| Name _____ | Phone No. _____ |
| Name _____ | Phone No. _____ |
| Name _____ | Phone No. _____ |

Garden City does not provide Accident/Medical Insurance for program participants. I authorize the Garden City Recreation Dept. to provide emergency treatment in the event I cannot be contacted. I recognize that participation in Garden City Recreation Dept. activities may expose my child to some risk of injury. I agree to hold the Garden City Recreation Dept. Harmless from any claims for damage to any property or persons which may occur through participation at any of Garden City's Recreation Dept. programs. I have read and understand the above information. My Child has permission to participate in the in this Garden City program in accordance with the conditions set forth above. I give my Child permission to attend and be transported on all field trips scheduled during this Garden City Recreation Dept. program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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