

## Camp GoneAlot for Teens (11 -13 years of age)

Concord Parks and Recreation's Camp GoneAlot is offered to young men and women ages 11 - 13 who are mature, enthusiastic and have a sense of adventure. The program is geared to motivate and stimulate the participant's willingness to learn through field trips and age appropriate activities.

In addition to recreational activities, such as weekly swimming and tennis lessons, arts & crafts will be offered. Big trips will be to Carowinds in June and Emerald Pointe Water Park the last week of camp. By the end of the program they will have completed a community service project.

### General Information for 2014

Camp GoneAlot is an eight week program for 11 - 13 year olds. This program operates **June 23 to August 15, 2014** and will be *closed* on July 4th.

### Program Hours

7:30 a.m. until 6:00 p.m.,

Monday - Friday

### Program Site

Academy Recreation Center  
147 Academy Avenue NW, Concord

### Snacks & Lunches

Bring snacks, water bottle and lunch.

### Registration Information

Registration will be available to **returning 2013 campers** on January 15 and will be available two ways.

#### ONLINE REGISTRATION

[www.concordparksandrec.org](http://www.concordparksandrec.org)

Begins Wednesday, 1/15, 8:00 a.m. until midnight on 1/19. Assistance in online registration will only be available until 5:00 p.m.

#### WALK-IN REGISTRATION

Begins Wednesday, 1/15 until Friday, 1/17

8:00 a.m. to 5:00 p.m.

**Academy Recreation Center**  
**147 Academy Avenue NW**

Registration will open to **new campers** on Wednesday, 2/5 at 8:00 a.m. by online and walk-in registration.

Those aging up to Camp GoneAlot please register in Camp GoneAlot

### U h j k w u d w k q I h v

**\$350.00/child for City of Concord residents**

**\$450.00/child for non-City residents**

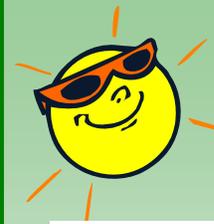
To qualify as a City resident, participant must reside within the City Limits of Concord. Fee includes trips and program offerings.

**A deposit of \$100 is due at registration.**

**Balance is due by June 6th.**

**No refunds will be given after June 6th.**

**Registrations on or after June 6th must be PAID IN FULL at the time of registration.**



# 5347

# F d p s J r q h D a r w I r u W h h q v

**11-13 year old program at  
Academy Center**



*This institution is an equal opportunity provider.*

**For more contact information:  
704-920-5600  
recreation@concordnc.gov  
[www.concordparksandrec.org](http://www.concordparksandrec.org)**



**OFFICE USE: Park Site** \_\_\_\_\_

Receipt # _____	Receipt # _____
Cash/Check # _____	Cash/Check # _____
Amount \$ _____	Amount \$ _____
Date _____	Date _____

**CAMP GONEALOT 11-13 YEAR PROGRAM AT ACADEMY RECREATION CENTER**

*PLEASE PRINT*

**Child's Name** \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)

Address \_\_\_\_\_  
 (City) (Zip)

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

*Must be between the ages of 11 and 13. We reserve the right to require birth certificates if deemed necessary.*

**Please provide the following CONTACT INFORMATION. List in contact order:**

With whom does the child reside (please check): Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (specify) \_\_\_\_\_

**Contact #1 (parent/guardian) name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Daytime #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Evening #:** \_\_\_\_\_  
 This person has permission to pick up my child. **Mobile/Pager #:** \_\_\_\_\_

**Contact #2 (parent/guardian) name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Daytime #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Evening #:** \_\_\_\_\_  
 This person has permission to pick up my child. **Mobile/Pager #:** \_\_\_\_\_

**Contact #3 (parent/guardian) name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Daytime #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Evening #:** \_\_\_\_\_  
 This person has permission to pick up my child. **Mobile/Pager #:** \_\_\_\_\_

**Contact #4 (parent/guardian) name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Daytime #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Evening #:** \_\_\_\_\_  
 This person has permission to pick up my child. **Mobile/Pager #:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **School Grade this August** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

List any reason (if any) why it would be difficult for your child to participate in Camp GoneAlot:  
 \_\_\_\_\_

**Indicate child's residence:** \_\_\_ **City of Concord Resident (\$350.00)** \_\_\_ **Non City Resident (\$450.00)**

**"City of Concord Resident"** indicates that applicant resides within the City Limits of Concord.

All applications subject to verification.

*Checks should be made payable to City of Concord.*

My child has permission to leave the playground premises (other than for organized field trips)  
 Yes \_\_\_ No \_\_\_ If yes, please state reason \_\_\_\_\_

**PARENTAL CONSENT INFORMATION:**

*Must be signed for applicant to participate.*

I do hereby grant permission for my child to participate in the above program and release *the City of Concord Parks and Recreation* and its staff from any liability that might occur during the operation of this program. I hereby give consent for emergency treatment as approved by his/her camp leader or other adult escort, in case of illness or injury while participating in the program. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

I understand that in cases of inappropriate conduct, my child can be subject to suspension from the program. Money will not be refunded. I understand that the summer camp program operates from 7:30 a.m. to 6:00 p.m. and that children MUST be picked up **NO LATER THAN 6:00 P.M.** A \$5.00 per 15-minute rate will be accessed to parents picking up children after 6:00 p.m. I give permission for photographs of my child to be used for City of Concord Parks & Recreation publicity. I understand that providing false information may lead to dismissal from the program with no refunds.

"I agree to release and hold harmless the City of Concord and its staff from any and all claims for personal injury, property loss or any other loss that may arise out of or during participation in this program."

*I have read and fully understand all the above information.*

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

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

**Please circle T-Shirt Size:**

Youth Medium Youth Large

Adult Small

Adult Medium Adult Large Adult XL