



Summer Vacation Program

June 15 - August 7, 2009

Boys and Girls Age 6 to 12 or
Entering Grades 1 through 7

Welcome to Summer Camp!

Games...Field Trips...Sports...Arts & Crafts...

Swimming...Drama/Music...Group Games...Special Events

- Supervised By Qualified Red Cross First Aid Certified Staff.
- Lunch and Afternoon Snack is provided.

Cost: \$160.00 for eight-week program -Extra fee for field trips

(-Out of district residency is \$192.00)

Times: Monday-Friday from 9:00 a.m. - 5:00 p.m.

Early arrival at 7:30 a.m. * Late stay until 6:00 p.m.

Feel free to call the community centers for further information.

-Brutontown

200 Leo Lewis Rd.
233-4669

-Mt. Pleasant

710 S. Fairfield Rd.
299-3220

-Freetown

200 Alice Ave.
295-3567

-Sterling

113 Minus St.
235-4026

-Slater Elementary

100 Baker Cir., Marietta
355-2054

-Woodfield

48 Ridgeway Dr.
299-3220



Registration is accepted at the center you wish to attend beginning April 13. Forms may be downloaded at www.gcrd.org



Summer Vacation Program '09



Greenville Rec
GREENVILLE COUNTY RECREATION DISTRICT

Registration Form

Community Center _____

1.) Name of Camper: _____

Age: _____ Birthdate: ____/____/____ Grade this August: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

E-Mail Address: _____

2.) Mother's Name: _____

Mother's Cell #: _____ Mother's Work #: _____

Father's Name: _____

Father's Cell #: _____ Father's Work #: _____

3.) Emergency Contact (other than parents): _____

Relationship to Camper: _____

Home #: _____ Work #: _____

Cell #: _____ (This person will be allowed to pick up your child

in case of emergency.)



Medical Info,

4.) Please list any information we should know about your child (medications, allergies, etc.) Include food allergies, insect bites, etc.: _____

It is important that your child bring sunscreen to camp everyday.

5.) You may list additional people who may pick up your child and they will be asked to show their driver's license. If anyone other than the people listed below is going to pick up your child, you must send a note. If you have changes to this list (additions or deletions) anytime during the 8 weeks of camp, you must notify the Center Director.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

| |
|-------------------|
| Amount Paid _____ |
| Receipt # _____ |
| Date _____ |

6.) Are both parents allowed to pick up child? ~~YES~~ ~~NO~~, if no explain: _____



WAIVER AND RELEASE FORM

Please read carefully.

Please print in all blanks

I, _____ the Parent/Guardian of

_____ (Participant's Name) give my permission for him/her
to participate in the 2009 Summer Day Camps, sponsored by Greenville County Recreation
District . I understand camp activities involve swimming, ice skating, outdoor games, travel to
and from special activities, and other physical activities, which can result in bodily injury. I,
_____ (Parent/Guardian) hereby release and hold harmless the
Greenville County Recreation District, its agents and employees from any liability from any
injuries or damages resulting from _____ (Participant's
Name) participation in the 2009 Summer Day Camps. I understand photographs of participants
may be taken during summer camp and I give permission for the Greenville County Recreation
District to use those photographs in publicity materials.

Participant's Signature (if 12 years old or older) _____

Date _____

Parent/Guardian's Signature _____

Date _____

