



December 12, 2016

Dear Spearhead Family,

Holiday greetings from the Spearhead Team!

As the calendar pages have scrolled and another Weekend Program season has come and past, I am constantly reminded of just how lucky I am to be a part of such a special community and program. It has been an absolute pleasure to serve you and your family over the past 3 years and I look forward to the future!

We have a great schedule of events to offer to our campers this spring! Whether a veteran of the Weekend Program or a first-timer we hope to see you at some of the activities. [Make sure to check out the last page \(page 6\) for information and registration for our 2nd Annual Spearhead Family Picnic at Conestee Park](#)

You'll find everything you need for applying within this packet. Please ensure that you have filled out everything completely. **We cannot process incomplete applications. Also, we cannot process applications on accounts that have a balance.** Once we have received your completed forms and processed them we will send you a confirmation showing activities in which your camper has been enrolled or waitlisted. On the back of this letter (or underneath if you are downloading off the website) you will find the fall schedule with details for each activity.

Spaces filled very quickly for programs this past spring season and we strive to serve as many campers as possible. We desire that no space go unused. If you are enrolled in an activity but are not able to participate PLEASE call and let us know. The space you open up may allow another camper to attend. Please see the refund/cancellation policy on page one of the application packet.

Please note our drop off / pickup location for all activities is at the BJA (Bob Jones Academy) Primary Center at 1450 Wade Hampton Blvd in Greenville with **the exception of the Spring Retreat and the Family Picnic. For the retreat, campers and will meet at Camp Spearhead located in Pleasant Ridge County Park and, for the Family Picnic, we'll meet at the large shelter at Conestee Park.**

If you have any questions please do not hesitate to call us at (864) 288-6470. We look forward to seeing you soon! Best wishes for a Merry Christmas and Happy New Year!

Sincerely,
Josh Wall

Therapeutic Recreation Coordinator
(864) 288-6470 ext.164 (office)
(864) 380-6961 (cell)
jwall@greenvillecounty.org

2017 Spring Weekend Program Schedule

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Out of County Fee</u>	<u>In County Fee</u>	<u>Payment Due</u>
Feb. 4	9:00 am-2:00 pm	Circus <i>A great day under the big top! Breakfast Provided</i>	\$40	\$32	Jan. 30
Feb. 11	5:00 pm-9:00 pm	Valentine's Day Dance <i>We'll head up to camp for an evening of dinner and dancing! Supper Provided</i>	\$40	\$32	Feb. 6
Feb. 18	3:00 pm-6:30 pm	Furman Basketball <i>Wear your purple and cheer on the Paladins as they take on UNC-G! Pizza Party served at the game</i>	\$40	\$32	Feb. 13
Feb. 25	10:00 am-2:00 pm	Movie Day <i>Pancake breakfast then off to catch a movie on the big screen! Breakfast Provided</i>	\$40	\$32	Feb. 20
Mar. 4	11:00 am-3:00 pm	Pizza & Bowling I <i>A Weekend Program favorite! Lunch & Bowling Provided</i>	\$40	\$32	Feb. 27
Mar. 11	10:00 am-2:00 pm	Spring Fling <i>A day of exciting outdoor activities at Hollingsworth Outdoor Center! Lunch Provided</i>	\$40	\$32	Mar. 6
Mar. 25	6:00 pm-10:00 pm	Swamp Rabbits Hockey <i>Keep Calm and Hop On! Go Swamp Rabbits! No Meal Provided</i>	\$40	\$32	Mar. 20
Apr. 1	11:00 am-2:00 pm	***Spearhead Family Picnic <i>Lunch, games, and fellowship for our campers and their families! Lunch Provided</i>	See Insert (Page 6)	See Insert (Page 6)	Mar. 27
Apr. 8-9	2:00 pm (Saturday)- 2:00 pm (Sunday)	***Spring Retreat <i>Prep for summer camp with a weekend at Camp Spearhead! All Meals Provided</i>	\$118	\$95	Apr. 3
Apr. 22	11:00 am-3:00 pm	Pizza & Bowling II <i>The only time a strike-out is a great thing! Lunch & Bowling Provided</i>	\$40	\$32	Apr. 17

All activities (*****&***except those noted**) begin and end at Bob Jones Academy Primary Center
1450 Wade Hampton Blvd. in Greenville

*****Campers and families will meet at Conestee Park for this Weekend Program event.**

*****Campers will meet at Camp Spearhead for this Weekend Program event.**



THE WEEKEND PROGRAM SPRING 2017 APPLICATION

1. CAMPER/PARTICIPANT INFORMATION

Camper Name _____
 Street Address _____ City/State/Zip _____
 Phone Numbers (H) _____ (C) _____ (Other) _____
 Email _____ Date of Birth _____ Gender: M F
 Parent's/Guardian's Full Name _____
 Mailing address for program information (if different than camper address) _____

IF CAMPER RESIDES IN DSN RESIDENCE—COMPLETE BELOW

Residence _____ Residence Manager _____
 Address _____ Phone Number _____

2. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name _____ Relationship _____
 Phone Numbers (H) _____ (C) _____

3. REFUND POLICY (PLEASE INITIAL BELOW STATEMENT)

If I cancel an event 5 days or more prior to the day of event, I will receive a full refund less \$5.00 processing fee. If I cancel less than 5 days prior to day of event or I do not attend, I will receive no refund. I have read and understand this refund policy.

Please Initial _____

4. PAYMENT INFORMATION (PLEASE MARK YOUR METHOD OF PAYMENT)

- I will pay separately for each activity by mailing or bringing payment to the Greenville County Parks, Recreation, & Tourism administrative office. **Payment must be received by 5:00 pm on the Payment Due dates listed to secure enrollment.**
- Please charge my credit card on the appropriate date listed for each chosen activity. *Credit cards will be charged on the Payment Due dates listed. **Once the credit card is charged there are no refunds.**
- I am paying in full for each activity chosen with the enclosed check.
- Please charge my credit card the full amount.

Office Use Only

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Date: _____
 By: _____

CREDIT/DEBIT CARD AUTHORIZATION (COMPLETE ONLY IF PAYING BY CREDIT/DEBIT CARD)

I give Greenville County Parks, Recreation, & Tourism permission to deduct activity fees from this credit/debit card.

_____ (Signature) _____ (Date)

Name as it appears on card _____ Cardholder Zip Code _____

Destroyed After System Entry

Card Number _____ Expiration Date _____

CVV _____ Circle One: Visa MasterCard

I GIVE PERMISSION FOR MY CAMPER TO RECEIVE APPROPRIATE MEDICAL TREATMENT AND MEDICATION IN THE EVENT OF A MEDICAL EMERGENCY.

(SIGNATURE)

(DATE)

6. HEALTH INFORMATION/HISTORY

PARTICIPANT NAME: _____
BIRTH DATE: ___/___/___ WT. ___ LBS. HT. ___ FT. ___ IN.

GENERAL HEALTH HISTORY: CHECK "YES" OR "NO" FOR EACH STATEMENT. EXPLAIN "YES" ANSWERS BELOW. HAS/DOES THE CAMPER:

- 1. Ever been hospitalized? ... Yes No
2. Ever had surgery? ... Yes No
3. Have recurrent/chronic illnesses? ... Yes No
4. Had a recent infectious disease? ... Yes No
5. Had a recent injury? ... Yes No
6. Had asthma/wheezing/shortness of breath? ... Yes No
7. Have diabetes? ... Yes No
8. Had seizures? ... Yes No
9. Had headaches? ... Yes No
10. Wear glasses, contacts, or protective eyewear? ... Yes No
11. Had fainting or dizziness? ... Yes No
12. Had heart disease, heart defect, or high blood pressure? ... Yes No
13. Had mononucleosis ("mono") during the past 12 months? ... Yes No
14. If female, have problems with periods/menstruation? ... Yes No
15. Have problems with falling asleep/sleepwalking? ... Yes No
16. Ever had back/joint problems? ... Yes No
17. Have a history of bedwetting? ... Yes No
18. Have problems with diarrhea/constipation? ... Yes No
19. Have any skin problems? ... Yes No
20. Have hearing impairments (deaf or hard of hearing)? ... Yes No
21. Verbal communication difficulties? ... Yes No
22. Ever had a head injury? ... Yes No
23. Wander away from a group? ... Yes No
24. Have an allergy to medication, food, insect stings? ... Yes No

PLEASE EXPLAIN "YES" ANSWERS IN THIS SPACE, NOTING THE NUMBER OF THE QUESTIONS.

NEEDS ASSISTANCE WITH: (PLEASE DESCRIBE EACH THAT ARE APPLICABLE)

EATING: _____

TOILETING: _____

WALKING: (PLEASE CIRCLE ONE, IF APPLICABLE:) MANUAL WHEELCHAIR POWER WHEELCHAIR WALKER

MENTAL, EMOTIONAL, AND SOCIAL HEALTH: CHECK "YES" OR "NO" FOR EACH STATEMENT. EXPLAIN "YES" ANSWERS BELOW. HAS/DOES THE CAMPER:

- 1. Wander away from groups? ... Yes No
2. Ever been treated for emotional or behavioral difficulties? ... Yes No

PLEASE EXPLAIN "YES" ANSWERS IN THIS SPACE, NOTING THE NUMBER OF THE QUESTIONS.

7. MEDICATIONS INFORMATION

Whenever possible, we ask that all medications be administered at home either before or after an event. This may not always be possible. In the event that it is necessary to administer medication during an activity, we ask that you bring only the prescription pills needed. Please label the container with the name of the medication, the camper's name and when the medication should be administered. Medication should be given to a Weekend Program staff member during drop-off.

Please list ALL medications that the camper is currently taking. Though these medications may not be administered during an activity, this information is necessary in the event of a medical emergency.

Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	
Name of Medication		Name of Medication	
Dosage		Dosage	
Times Given		Times Given	
Reason for Giving		Reason for Giving	

If additional space is needed, please attach an additional sheet.

8. MEDICATIONS RELEASE

I hereby authorize the staff of the Weekend Program to administer all medications listed above and any medications I bring to an activity.

(Signature)

(Date)

CAMPER'S NAME _____

9. PROGRAM SELECTION

Please (√) the events you would like to attend. Enrollment in activities depends upon space available when completed registration is received. Confirmations will be sent to you.

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Out of County Fee</u>	<u>In-County Fee</u>	√	<u>Payment Due</u>
Feb. 4	9:00 am-2:00 pm	Circus Breakfast Included	\$40	\$32		Jan. 30
Feb. 11	5:00 pm-9:00 pm	Valentine's Day Dance Supper Included	\$40	\$32		Feb. 6
Feb. 18	3:00 pm-6:30 pm	Furman Basketball Pizza Party @ Game	\$40	\$32		Feb. 13
Feb. 25	10:00 am-2:00 pm	Movie Day Breakfast Included	\$40	\$32		Feb. 20
Mar. 4	11:00 am-3:00 pm	Pizza & Bowling I Lunch Included	\$40	\$32		Feb. 27
Mar. 11	10:00 am-2:00 pm	Spring Fling Lunch Included	\$40	\$32		Mar. 6
Mar. 18	OFF	ST. PADDY'S DASH & BASH	SEE SPEARHEAD WEBSITE FOR DETAILS!!			
Mar. 25	6:00 pm-10:00 pm	Swamp Rabbits Hockey No Meal Included	\$40	\$32		Mar. 20
Apr. 1	11:00 am-2:00 pm	Spearhead Family Picnic Lunch Included	\$30 for family of 3	\$10 (additional person) _____		Mar. 27
Apr. 8-9	2:00 pm (Saturday)- 2:00 pm (Sunday)	Spring Retreat All Meals Included	\$118	\$95		Apr. 3
Apr. 15	OFF	HAPPY EASTER!				
Apr. 22	11:00 am-3:00 pm	Pizza & Bowling II Lunch Included	\$40	\$32		Apr. 17

TOTAL FEES- _____

REMINDERS

- The staff of Greenville County Parks, Recreation, & Tourism and the Weekend Program will do their best to accommodate your requests. Enrollment in activities depends upon space available at time of receiving completed registration.
- Confirmation will be sent to the address that you provided on page 1 of this application.
- Please note that payment is due NO LATER than 5pm the Monday before an event.
- Please make checks payable to Greenville County Parks, Recreation, & Tourism
- Payments may be mailed to or brought by the Greenville County Parks, Recreation, & Tourism administrative office at 4806 Old Spartanburg Rd. Taylors, SC 29687.

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Confirmation Sent: _____</p> <p>Initials: _____</p>	<p>INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED.</p>	<p>REFUND POLICY</p> <ul style="list-style-type: none"> • Cancellation 5 days or more prior to day of event- full refund less \$5.00 processing fee. • Cancellation less than 5 days prior to day of event or not attending event- no refunds.
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CAMP SPEARHEAD WEEKEND PROGRAM SPRING 2017

WAIVER AND RELEASE FORM

Please read carefully.

I, _____ the Parent/Guardian of _____ (Camper's Name) give my permission for him/her to attend the Camp Spearhead Weekend Program, sponsored by Greenville County Parks, Recreation, & Tourism. I understand activities may include participation in hayrides, challenge course, boating, and travel to and from activities, which can result in bodily injury. I _____ (Parent/Guardian) hereby release and hold harmless Greenville County Parks, Recreation, & Tourism, it's agents and employees from any liability from any injury or damages resulting from _____ (Camper's Name) attending the Camp Spearhead Weekend Program. I understand photographs and videos of participation may be taken during activities and I give permission for the Greenville County Parks, Recreation, & Tourism/Camp Spearhead to use those photographs and videos in publicity materials.

I have read and completed this application and I give permission for _____ to attend the Weekend Program. I understand that I am responsible for all costs and fees. I understand that the participant is not considered registered until payment is received. I have read and I understand the Weekend Program's refund policy located on page 1 of the registration.

I give permission for the above named participant to receive appropriate treatment and medication in the event of a medical emergency

Signature of Parent/Guardian

Date

Greenville County Parks, Recreation, & Tourism

4806 Old Spartanburg Road * Taylors, SC * 29687 * Tel: 864.288.6470 * Fax: 864.288.6499



Spearhead Family Picnic
Saturday, April 1, 2017 — 11:00am-2:00pm
Covered Shelter at Conestee Park
840 Mauldin Road Greenville, SC 29607

Take a look at our logo above. You'll notice that one of Camp Spearhead's mottos is that we are "more than just a camp." Whether you've been attending Camp Spearhead events since the beginning, you're a first-time camper, or you're a family member or caregiver of a camper, we hope that you have noticed that we are more than just a camp, we're a COMMUNITY. In an effort to build on that sense of community within the Spearhead family, we are excited to have the second annual Spearhead Family Picnic! Campers and their families/caregivers are invited to drop in at anytime between 11am-2pm at Conestee Park on April 1st to fellowship with other campers and their families and celebrate the upcoming summer... Camp Spearhead's 50th summer! We'll have an amazing lunch and plenty of activities for everyone to enjoy! We hope to see ALL of you there!

***This page is the registration page for the Spearhead Family Picnic (please complete all information below).**

***Fee for this event is \$30 per family up to 3 persons. Additional \$10/person after initial fee.**

Registration

Camper Name: _____

Phone and email address:

 Attendee Names: _____

Total Number of Attendees: _____

Total Fees: _____