



December 19, 2017

Dear Spearhead Family,

Seasons greetings from the Spearhead Team!

As another year is wrapping up, it is a time to reflect and say thanks. This year was a whirlwind of good times at Camp Spearhead and the Weekend Program! Thank you for allowing us to spend time with your camper. We hope that they enjoy it as much as we do! Now...Onward to 2018!

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 3rd Annual Spearhead Family Picnic on April 14th!](#)

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 spring schedule with details for each activity.

Spaces filled very quickly for programs this past fall 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 Family Picnic. For the Spring Retreat, we will meet at Camp Spearhead located in Pleasant Ridge County Park. The Family Picnic will be hosted 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 a Happy New Year!

Sincerely,  
Josh Wall

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

## 2018 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. 3	11:00 am-3:00 pm	<b>Pizza &amp; Bowling I</b> <i>We welcome a new season of Weekend Program with a camper favorite! Lunch Provided</i>	\$41	\$34	Jan. 29
Feb. 10	11:00 am-3:00 pm	<b>Carnival</b> <i>Enjoy a day with games, a bounce house, balloon toys, and face painting! Lunch Provided</i>	\$41	\$34	Feb. 5
Feb. 17	5:00 pm-9:00 pm	<b>Valentine's Dance Party</b> <i>A fun evening of dinner and dancing at Camp Spearhead! Supper Provided</i>	\$41	\$34	Feb. 12
Feb. 24	10:00 am-2:00 pm	<b>Movie Day</b> <i>Pancake breakfast then off to catch a movie on the big screen! Breakfast Provided</i>	\$41	\$34	Feb. 19
Mar. 3	8:00 am-4:30 pm	<b>Charlotte Motor Speedway</b> <i>Feel the Thrill on a tour of the awesome NASCAR track! Lunch &amp; Snacks Provided</i>	\$95	\$79	Feb. 26
Mar. 10	6:00 pm-10:00 pm	<b>Swamp Rabbits Hockey</b> <i>Fear the Ears! Cheer for the Swamp Rabbits as they take on Orlando! No Meal Provided</i>	\$41	\$34	Mar. 5
Mar. 24	11:00 am-3:00 pm	<b>Furman Outdoor Day</b> <i>Enjoy a day in the great outdoors with Furman's Outdoor Club! Lunch Provided</i>	\$41	\$34	Mar. 19
Apr. 7-8	2:00 pm (Saturday)- 2:00 pm (Sunday)	<b>***Spring Retreat</b> <i>A great weekend full of all the best camp activities! All Meals Provided</i>	\$120	\$100	Apr. 2
Apr. 14	11:00 am-2:00 pm	<b>***Spearhead Family Picnic</b> <i>Join us for the 3rd annual Picnic at Conestee Park! Lunch Provided</i>	See Insert (Page 6)	See Insert (Page 6)	Apr. 9
Apr. 21	11:00 am-3:00 pm	<b>Pizza &amp; Bowling II</b> <i>We'll strike out this season of Weekend Program with an afternoon of bowling! Lunch Provided</i>	\$41	\$34	Apr. 16

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

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



# THE WEEKEND PROGRAM SPRING 2018 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 make Checks payable to Greenville County.\*\*\***
- Please charge my credit card the full amount.

Office Use Only			
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 \_\_\_\_\_ *Destroyed After System Entry* \_\_\_\_\_ Cardholder Zip Code \_\_\_\_\_

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. 3	11:00 am-3:00 pm	<b>Pizza &amp; Bowling I</b> Lunch Provided	\$41	\$34		Jan. 29
Feb. 10	11:00 am-3:00 pm	<b>Carnival</b> Lunch Provided	\$41	\$34		Feb. 5
Feb. 17	5:00 pm-9:00 pm	<b>Valentine's Dance Party</b> Supper Included	\$41	\$34		Feb. 12
Feb. 24	10:00 am-2:00 pm	<b>Movie Day</b> Breakfast Included	\$41	\$34		Feb. 19
Mar. 3	8:00 am-4:30 pm	<b>Charlotte Motor Speedway</b> Snacks & Lunch Included	\$95	\$79		Feb. 26
Mar. 10	6:00 pm-10:00 pm	<b>Swamp Rabbits Hockey</b> No Meal Included	\$41	\$34		Mar. 5
Mar. 17	<b>OFF</b>	<b>St. Paddy's Dash n' Bash</b>	See www.CampSpearhead.org for details on this awesome event!			
Mar. 24	11:00 am-3:00 pm	<b>Furman Outdoor Day</b> Lunch Included	\$41	\$34		Mar. 19
Mar. 31	<b>OFF</b>	<b>Happy Easter!</b>				
Apr. 7-8	2:00 pm (Sat)- 2:00 pm (Sun)	<b>Spring Retreat</b> All Meals Included	\$120	\$100		Apr. 2
Apr. 14	11:00 am-2:00 pm	<b>Spearhead Family Picnic</b> Lunch Included	\$30 for family of 3	\$10 (additional person)		Apr. 9
Apr. 21	11:00 am-3:00 pm	<b>Pizza &amp; Bowling II</b> Lunch Included	\$41	\$34		Apr. 16

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.**
- 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><b>For Office Use Only:</b></p> <p>Date Received: _____</p> <p>Confirmation Sent: _____</p> <p>Initials: _____</p>	<p><b>INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED.</b></p>	<p><b>REFUND POLICY</b></p> <ul style="list-style-type: none"> <li>• Cancellation 5 days or more prior to day of event- full refund less \$5.00 processing fee.</li> <li>• Cancellation less than 5 days prior to day of event or not attending event- no refunds.</li> </ul>
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## CAMP SPEARHEAD WEEKEND PROGRAM SPRING 2018

### 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

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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 14, 2018 — 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 third annual Spearhead Family Picnic! Campers and their families/caregivers are invited to drop in at anytime between 11am-2pm at Conestee Park on April 14th to fellowship with other campers and their families and celebrate the upcoming 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: \_\_\_\_\_