

# Summer Camp, 2018

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Primary Guardian Name: \_\_\_\_\_

Primary Guardian Email: \_\_\_\_\_

Primary Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prim. Guardian Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Allow to Pick-Up: Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Guardian #2 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #1: \_\_\_\_\_

Emergency Contact/Pick Up #1 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #2: \_\_\_\_\_

Emergency Contact/Pick Up #2 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #3: \_\_\_\_\_

Emergency Contact/Pick Up #3 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Pick Up 5: \_\_\_\_\_

Pick Up 6: \_\_\_\_\_

List medical information about child: \_\_\_\_\_

To participate in this program, I need a modification because of a disability. Yes \_\_\_\_\_ No \_\_\_\_\_

If you indicate a need for support our staff will contact you to see what Greenville Rec can do.

## PLEASE COMPLETE:

### Choose A Location:

\_\_\_\_\_ Kaleidoscope at Bell's Crossing Elementary School

\_\_\_\_\_ Camp Pavilion

\_\_\_\_\_ Kaleidoscope at Northside Camp

\_\_\_\_\_ Wanderers Teen Camp @ the Pavilion

\_\_\_\_\_ Kaleidoscope at Southside Camp

\_\_\_\_\_ Brutontown Community Center

\_\_\_\_\_ Freetown Community Center

\_\_\_\_\_ Mt. Pleasant Community Center

\_\_\_\_\_ Legacy Charter School

\_\_\_\_\_ Slater Hall Community Center

\_\_\_\_\_ Staunton Bridge Community Center

\_\_\_\_\_ Sterling Community Center

\_\_\_\_\_ Conestee Environmental Camp (July 9-13)

\_\_\_\_\_ Mtn Bike Advanced Camp (July 18-20)

\_\_\_\_\_ Mtn Bike Beginner Camp (July 23-27)

### Check weeks to be registered: (Does not apply for Community Centers)

\_\_\_\_\_ WEEK 1 (June 11-15)

\_\_\_\_\_ WEEK 4 (July 2-6)

\_\_\_\_\_ WEEK 7 (July 23-27)

\_\_\_\_\_ WEEK 2 (June 18-22)

\_\_\_\_\_ WEEK 5 (July 9-13)

\_\_\_\_\_ WEEK 8 (July 30-August 3)

\_\_\_\_\_ WEEK 3 (June 25-29)

\_\_\_\_\_ WEEK 6 (July 16-20)

\_\_\_\_\_ WEEK 9 (August 6-10 PAV only)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



**WAIVER AND RELEASE FORM**

**2018 Summer Day Camps**

**Please read carefully.**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_ (Participant's Name) give my permission for him/her to participate in the 2018 Summer Day Camps, sponsored by Greenville County Parks, Recreation & Tourism. I understand camp activities may 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 Greenville County Parks, Recreation & Tourism, its agents, and employees from any liability from any injuries or damages resulting from \_\_\_\_\_ (Participant's Name) participation in the 2018 Summer Day Camps. I understand photographs of participants may be taken during summer camp and I give permission for Greenville County Parks, Recreation & Tourism to use those photographs in publicity materials.

**Parent/Guardian's Signature** \_\_\_\_\_

**Parent/Guardian's Printed Name** \_\_\_\_\_

Date \_\_\_\_\_

**Participant's Signature (if 12 years or older)** \_\_\_\_\_

Date \_\_\_\_\_



Office Use Only

Four empty boxes for office use

Date: \_\_\_\_\_

By: \_\_\_\_\_

**For security and protection of your financial information  
RETURN BY US MAIL OR HAND DELIVER ONLY**

**Camp Kaleidoscope**  
4806 Old Spartanburg Road  
Taylors, SC 29687

**Credit/Debit Card Payment Authorization Form**

**Customer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Children enrolled in camp:**

Child 1: \_\_\_\_\_ Child 3: \_\_\_\_\_

Child 2: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Payment Information**

*I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card listed below for the 2018 Camp Kaleidoscope camper fees as follows:*

**I am paying in full.** Please charge my credit/debit card for the dates I have indicated for my child/children to attend Camp Kaleidoscope in 2018. Amount to be charged: \$ \_\_\_\_\_

**I am paying the registration fee and minimum deposits.** Please charge my credit/debit card for the dates I have indicated for my child/children to attend Camp Kaleidoscope in 2018. Amount to be charged: \$ \_\_\_\_\_

**Auto Pay** - Please charge my credit/debit card the remaining balance on the due date which is two weeks prior to the beginning of each applicable camp session. I understand that in the event my card is declined, it is my responsibility to submit payment by the close of business on the due date of the applicable camp session. I understand that any late pick up charges will be charged to my card the business day following the date of the incurred charge.

*I agree that I will pay for these purchases in accordance with the issuing bank cardholder's agreement.*

**Cardholder's signature:**

**Date:**

\_\_\_\_\_

**Credit Card Information**

**\*Please print.\***

Circle One: **Visa or MasterCard**

Cardholder's name:

Credit Card Billing Zip Code (required)

\_\_\_\_\_ (as it appears on the credit card)

\_\_\_\_\_ (from credit card billing address)

*Destroyed After System Entry*

Credit card number:

Expires:

CVV Code:

\_\_\_\_\_