

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

Date: _____

By: _____

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

Greenville County Parks, Recreation, & Tourism
4806 Old Spartanburg Road
Taylors, SC 29687
(864) 288-6470

Credit/Debit Card Payment Authorization Form

Customer Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Payment Information

I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card listed below for fees incurred at time of registration. I agree that I will pay for these charges in accordance with the issuing bank cardholder's agreement.

Cardholder's signature:

Date:

Credit Card Information

Circle One: **Visa or MasterCard**

Please print.

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:
