

# Summer Camp 2018



Child's Name: \_\_\_\_\_ Gender:  M  F

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

Grade Next Fall: \_\_\_\_\_

Prim. Guardian Name: \_\_\_\_\_

Prim. Guardian Address: \_\_\_\_\_

Prim. Guardian Email: \_\_\_\_\_

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

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

Guardian #2 Name: \_\_\_\_\_

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

Guardian #2 allowed to pick up? \_\_\_\_\_

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

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

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

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

List necessary medical info 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 County Rec can do.

Pick Up 2: \_\_\_\_\_

Pick Up 3: \_\_\_\_\_

Pick Up 4: \_\_\_\_\_

## Location and Weeks

### Check Location:

\_\_\_\_\_ Kaleidoscope @ Bells Crossing

\_\_\_\_\_ Kaleidoscope @ Northside Park

\_\_\_\_\_ Kaleidoscope @ Southside Park

\_\_\_\_\_ Conestee Camp (7/9-7/13)

\_\_\_\_\_ Mtn. Bike Camp (Beg. 7/23-7/27)

\_\_\_\_\_ Mtn. Bike Camp (Adv. 7/18-7/20)

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

\_\_\_\_\_ Wanderers Teen Camp

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

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

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

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

\_\_\_\_\_ Phillis Wheatley @ Sterling School

\_\_\_\_\_ Slater Center

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

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

### Check weeks registering for. (Does not apply for Community Center locations.)

\_\_\_\_\_ WEEK 1 (6/11-15)

\_\_\_\_\_ WEEK 4 (7/2-6)

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

\_\_\_\_\_ WEEK 2 (6/18-22)

\_\_\_\_\_ WEEK 5 (7/9-13)

\_\_\_\_\_ WEEK 8 (7/30-8/3)

\_\_\_\_\_ WEEK 3 (6/25-29)

\_\_\_\_\_ WEEK 6 (7/16-20)

\_\_\_\_\_ WEEK 9 (8/6-10)

\_\_\_\_\_ WEEK 10 (8/13-17 Pavilion Only)

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

Staff Initials: \_\_\_\_\_



**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 the program activities may involve ice skating, outdoor  
games, swimming, 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 and 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 the program 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 \_\_\_\_\_



Office Use Only

Grid for stamp: 4 empty boxes

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)

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*Destroyed After System Entry*

Credit card number:

Expires:

CVV Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_