

Summer Camp 2019

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? Yes No

Guardian #2 Primary Phone: _____

Guardian #2 Secondary Phone: _____

Emergency Contact/Pick Up #3 Name: _____

Emergency Contact/Pick Up #3 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.

PLEASE LIST ADDITIONAL PEOPLE WHO CAN PICK UP YOUR CHILD FROM CAMP:

Pick Up 4: _____

Pick Up 5: _____

Pick Up 6: _____

Location and Weeks

Check Location:

- | | |
|--|--|
| _____ Kaleidoscope @ Bell's Crossing Elementary | _____ Kaleidoscope @ Greenbrier Elementary |
| _____ Kaleidoscope @ Taylors Elementary | _____ Conestee Environmental Camp (June 24-28) |
| _____ Mtn Bike Camp Beginner - Ages 6-9 (July 17-19) | _____ Mtn Bike Camp Advanced - Ages 10-13 (July 22-26) |
| _____ Camp Pavilion | _____ Wanderers Teen Camp |
| _____ Brutontown Center | _____ Freetown Center |
| _____ Mt. Pleasant Center | _____ Phillis Wheatley Center |
| _____ Slater Hall | _____ Staunton Bridge Center |
| _____ Sterling Center | |

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

- | | | |
|------------------------|------------------------------------|---------------------------------------|
| _____ WEEK 1 (6/10-14) | _____ WEEK 4 (7/1-3 No Camp 7/4-5) | _____ WEEK 7 (7/22-26) |
| _____ WEEK 2 (6/17-21) | _____ WEEK 5 (7/8-12) | _____ WEEK 8 (7/29-8/2) |
| _____ WEEK 3 (6/24-28) | _____ WEEK 6 (7/15-19) | _____ WEEK 9 (8/5-9) |
| | | _____ WEEK 10 (8/12-16) Pavilion Only |

Notes: _____

Staff Initials: _____



WAIVER AND RELEASE FORM

2019 Summer Day Camps

Please read carefully.

I, _____, of _____
(Parent/Guardian) *(Participant's Name)*

give my permission for him/her to participate in the 2019 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, _____, hereby release and hold harmless Greenville County, Greenville
(Parent/Guardian)

County Parks, Recreation & Tourism, its agents, and employees from any liability from any injuries or damages resulting from _____ participation in the 2019 Summer Day Camps. I understand
(Participant's Name)

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

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)

Destroyed After System Entry

Credit card number:

Expires:

CVV Code:
