

# Summer Camp 2019

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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**

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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

Four empty boxes for office use

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

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

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

**Pavilion Summer Camp Auto-Pay**

400 Scottswood Road  
Taylors, SC 29687

**Credit/Debit Card Auto Draft Authorization Form**

**Customer Information**

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

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

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

**Children enrolled in camp:**

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

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

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

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

**Payment Information**

*I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card on file for the 2019 Pavilion Summer Camp camper fees. I understand that my credit card will be charged on the due date which is two weeks prior to the beginning of each applicable camp session. I understand that in the event that 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**

Circle One: **Visa or MasterCard**

**\*Please print.\***

Cardholder's name:

Cardholder's 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_