

# Summer Camp 2020

---

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**

---

**Programs Division Summer Camps** (Check Location then weeks registering for):

\_\_\_\_\_ Kaleidoscope @ Bell's Crossing Elementary      \_\_\_\_\_ Kaleidoscope @ Brook Glenn Elementary

_____ WEEK 1 (6/8-12 )	_____ WEEK 4 (6/29-7/2 No Camp 7/3)	_____ WEEK 7 (7/20-24)
_____ WEEK 2 (6/15-19)	_____ WEEK 5 (7/6-10)	_____ WEEK 8 (7/27-31)
_____ WEEK 3 (6/22-26)	_____ WEEK 6 (7/13-17)	_____ WEEK 9 (8/3-7)

**Community Centers Division Summer Camps** (Check Community Center Or Teen Leadership Program below):

_____ Brutontown Center	_____ Freetown Center
_____ Mt. Pleasant Center	_____ Phillis Wheatley Center
_____ Slater Hall Center	_____ Staunton Bridge Center
_____ Sterling Center	
_____ Mt. Pleasant TEEN Leadership	_____ Sterling TEEN Leadership

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

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



## WAIVER AND RELEASE FORM

### 2020 Summer Day Camps

Please read carefully.

I, \_\_\_\_\_, the Parent/Guardian of (Participant's Name) \_\_\_\_\_ give my permission for him/her to participate in the 2020 Summer Day Camps, sponsored by Greenville County Parks, Recreation & Tourism. I understand camp activities may involve swimming, 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 2020 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 \_\_\_\_\_

Center/Camp Location: \_\_\_\_\_

4806 Old Spartanburg Road \* Taylors, SC 29687 \* Tel: 864.288.6470 \* Fax: 864.288.6499