



City of Columbia Parks and Recreation

2019 Summer Camp REGISTRATION

PLEASE PRINT.

FORM MUST BE FILLED OUT COMPLETELY.

1111 Recreation Drive Columbia, SC 29203

545-3100

www.columbiasc.net

FOR STAFF USE ONLY

Age Verification: _____

Park Location: _____

Receipt Number: _____

Park Staff Signature: _____

CHILD'S NAME <small>PLEASE COMPLETE ONE APPLICATION PER CHILD</small>	PARENT GUIDE <small>(Initials)</small>	DATE OF BIRTH	GRADE <small>'18-'19 current year</small>	SEX <small>Check one</small>	Check which camp your child will attend:
Name: _____		/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Summer Camp <input type="checkbox"/> Teen Camp <input type="checkbox"/> Sports Camp

MEDICAL INFORMATION
Special Needs, Allergies, Medication, Etc.

HOME STREET ADDRESS	CITY	ZIP CODE	HOME PHONE

PARENT NAME	EMPLOYER	WORK PHONE	CELL PHONE	EMAIL ADDRESS
MOTHER:				
FATHER:				

GUARDIAN'S NAME	EMPLOYER	WORK PHONE	CELL PHONE	EMAIL ADDRESS

In the event of an emergency, the child's parent/guardian will be contacted first. If they cannot be reached, we will attempt to reach the following Emergency Contacts.

EMERGENCY CONTACT #1 <small>OTHER THAN PARENT</small>	RELATION TO CHILD	PHONE NUMBER	EMERGENCY CONTACT #2	RELATION TO CHILD	PHONE NUMBER

The following person(s) is authorized to pick-up participant(s) from the Summer Camp program. The participant will not be released to any person other than those authorized on this form. Individuals picking-up my child(ren) are 18 years or older. I understand that it is my responsibility to notify the park if and when someone other than myself will be picking up my child. I understand that if this changes, I will notify the park in writing.

NAME	RELATION TO CHILD	PHONE NUMBER	T- SHIRT SIZE
			<input type="checkbox"/> YS: 6-8 <input type="checkbox"/> YM:10-12 <input type="checkbox"/> YL: 14-16 <input type="checkbox"/> AS: Adult Small <input type="checkbox"/> AM: Adult Medium <input type="checkbox"/> AL: Adult Large <input type="checkbox"/> AXL: Adult Extra Large <input type="checkbox"/> AXXL: Adult Extra Extra Large

Weeks Attending <small>Please check each week your child will attend the Summer Camp Program</small>	
<input type="checkbox"/> WEEK 1: JUNE 10-14	<input type="checkbox"/> WEEK 6: JULY 15-19
<input type="checkbox"/> WEEK 2: JUNE 17-21	<input type="checkbox"/> WEEK 7: JULY 22-26
<input type="checkbox"/> WEEK 3: JUNE 24-28	<input type="checkbox"/> WEEK 8: JULY 29-AUGUST 2
<input type="checkbox"/> WEEK 4: JULY 1-5	<input type="checkbox"/> WEEK 9: AUGUST 5-9
<input type="checkbox"/> WEEK 5: JULY 8-12	

By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete.

Parent/Guardian Signature: _____ Date: _____

City of Columbia Parks and Recreation Department
Summer Camp Rules

- **Payment is due the Friday prior to each week your child participates in camp. (i.e. Payment for the week of June 17th is due Friday, June 14th).** Your child will not be permitted to stay without full payment. Checks and money orders should be made payable to City of Columbia and include your child's name and payment week.
- City of Columbia does NOT issue discounts or refunds (full or partial) for missed days.
- Any cancellation less than two weeks prior to your child's starting date will result in the loss of your tuition. Cancellations must be in writing.
- Children must wear athletic shoes and socks every day. NO SANDALS or open-toed shoes.
- City of Columbia will not be responsible for camper's personal belongings that are stolen or missing.
- In an emergency, if a parent/guardian or emergency contact cannot be reached, 911 will be called. In case of accident or illness, a representative from the City of Columbia will obtain the immediate care deemed necessary by licensed medical personnel.

We will release your child(ren) to only those on your authorized pick-up list. Everyone on this list must be at least 18 years of age. We reserve the right to ask for identification from anyone picking up a child from Summer Camp. Drop-off and pick-up is Monday-Friday, 7:30 a.m. - 6:00 p.m. **Parents and Guardians are responsible for pickup no later than 6:00 p.m. daily.**

- Campers are expected to respect the staff, the rules, and each other. Failure to follow rules or unacceptable behavior will result in the following:
 - Step 1: Verbal reprimand by the camp coordinator.
 - Step 2: Timeout/talk with camp leader and coordinator. Note: Camper may miss an activity/event. Parent will be notified in writing about their child's consequences.
 - Step 3: Conference with the child and parent. Parent and child will be required to sign a written warning.
 - Step 4: Suspension or possible termination from the summer camp program. City of Columbia reserves the right to remove a child from Summer Camp at any time. No refund will be issued if your child is removed.
- Behavioral issues may result in a loss of field trips, events, or activities.
- If your child is vomiting, has a rash, fever, or diarrhea, they will not be allowed to attend camp that day. Please do not drop off any child who is exhibiting these symptoms. Any child exhibiting these symptoms must be picked up by a parent/guardian or an emergency contact.
- Parents are responsible for informing staff of any special needs request. We will make every attempt to accommodate reasonable requests. We encourage all parents to administer medication prior to arriving to camp.

Release of Liability

In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in the City's Summer Camp Program, activities or travel to and from the park and/or field trips. I am fully aware of the risks inherent to these activities and will not allow my child to participate unless he/she is medically able to participate. I assume all risk associated with my child participation in this activity. I agree that photographs, recordings, or any other record may be collected and used for the purpose of administering and promoting programs operated or sponsored by the City of Columbia. In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care for my child. I have read and fully understand these terms are contractual, not a mere recital, and sign it voluntarily.