City of Charleston Recreation Department

RecTrac ___

Day Camp Registration

Please check appropriate Camp	
	Nuts About Nature—Lottery Only
	St. Julian Devine Camp (SJDCC)
	CTC Tennis Camp (CTC)
	MTC Tennis Camp (MTC)
	Hazel Parker Playground
	Jump To It Camp (AWCCC)
	Shaw Community Center Camp

	Summer in the City
	Forest Park
	Westchester Park
	McMahon Park **(Ages 13—14 ONLY)**
	Mitchell Park
	Moultrie Park
	Lenevar Park

FOR OFFICE USE ONLY

Amt. Paid for Registration:_____

I_____ II_____ III_____

IV_____ V_____ VI_____

VII_____ VIII_____ IX_____

Amt. Paid for Insurance:_____

CK#/MO#:_____

Date Paid:_____ Receipt#:_____

Staff:_____

T-Shirt size: Youth: S M L Adult: S M L XL
Only one (1) t-shirt per participant. (Please circle size)

Camp/Playground/Area_____ Male_____ Female_____

Child's Legal Name_____
(As appears on Birth Certificate) FIRST MIDDLE LAST

Street Address_____ Apartment Number_____

City_____ Zip Code_____ Email: _____

Home Phone Number_____ Date of Birth_____/_____/_____

Mother's Name_____ Work Number_____

Father's Name_____ Work Number_____

Are you a resident of the City of Charleston? Yes____ No____ Staff verification of residency_____

Emergency Name_____ Emergency Phone Number_____

Emergency Name Address:_____

INSURANCE INFORMATION

All participants must register and have insurance before beginning summer day camp.

_____ I want my child insured by the policy offered through the Department of Recreation ($6.00).
(March 1 through February 28)

_____ I have my own accident insurance coverage with_____

_____ I, the undersigned, do hereby give approval for my child to be enrolled in the above camp. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate in camp for whatever the cause. I also agree to be financially responsible for any damages or equipment issued to registrant that is not returned in a timely manner.

_____ _____ _____
PARENT OR LEGAL GUARDIAN DATE DEPARTMENT OF RECREATION STAFF

Release of Liability for Minor Participants

Read before signing

IN CONSIDERATION OF_____, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; travel on field trips, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X_____ _____ _____

(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X_____ _____ _____

(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

EMERGENCY INFORMATION AND CONSENT

Given to and carried by Camp Counselors for emergency situations

Participant's Name_____ Nickname_____

Address_____ City_____

Home Phone_____ Cell Phone_____

Mother's Name_____ Employer_____

Work Address_____ City_____

Work Phone_____ Fax Phone_____

Father's Name_____ Employer_____

Work Address_____ City_____

Work Phone_____ Fax Phone_____

Family Physician Name_____

Work Phone_____ City_____

Allergies (list all)_____

Medical Conditions_____

I/we hereby grant consent to any and all Health Care Providers designated by City of Charleston, Department of Recreation to provide my child_____ Any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from Health Care Providers by Emergency Services.

_____ _____

DATE PARENT SIGNATURE

IMAGE RELEASE

In consideration of_____, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

_____ _____

DATE PARENT SIGNATURE

Authorized names, phone numbers and drivers license # of person(s) for child pick up

	Full Name:	Phone Number:	Drivers License #
1			
2			
3			
4			

REGISTRATION AGREEMENT

1. Program services will be provided at _____ from June 9 to August 15, 2014, unless other dates apply.

2. I am responsible for making any payments for all services rendered including before and after camp care as well as field trip money. There is a fee for checks returned for insufficient funds.

3. I understand that my child will not be released to any person not authorized on the registration form.

4. I am responsible for the sign-in and sign-out of my child on a daily basis unless my child has permission to walk

5. If my child has discipline problems, I agree to adhere to the policy and my child can be removed from camp without refund.

6. It is my responsibility to arrange for the pickup of my child each day from camp (unless the child has written permission to walk) by myself, a legal guardian, or an authorized person listed on my information packet. If I am late, I agree to pay a $1 per minute charge for time after summer camp ends.

7. Cancellations due to inclement weather may result and this will occur without payment refund.

8. The City of Charleston Summer Day Camp program reserves the right to terminate services if the child's placement is not satisfactory. Parents reserve the same right if dissatisfied with the program.

9. The City of Charleston Tax ID number is 57-6000226 for tax purposes. Receipts should be kept as the official statement for proof of payment made.

10. I have read and agree with the fees stipulated for this program.

11. I have read and agree with the Liability Clause of this program.

12. My child's medical/emergency/insurance information has also been furnished.

13. **No refunds.**

_____ Parent or Guardian

_____ Date