

City of Charleston Recreation Department

RecTrac _____

Camp Live Oaks– Bees Landing Recreation Complex

2026 Lottery Registration Form – OPENS JANUARY 12TH @ 9:00AM

Camp Dates (check weeks for which you are applying)

___ Session 1 (June 1st—12th)	___ Session 5 (Jul 27th - August 7th)
___ Session 2 (June 15h—26th) No Camp Friday 6/19	
___ Session 3 (June 29th - July 10th) No Camp Friday 7/3	
___ Session 4 (July 13th - 24th)	***Campers limited to 3 out of 5 Sessions***

Camp/Playground: Camp Live Oaks– Bees Landing Recreation Complex Male _____ Female _____

Child's Legal Name

(As appears on Birth Certificate)

FIRST

MIDDLE

LAST

Date of Birth _____ / _____ / _____

Street Address _____ Apartment Number _____

City _____ Zip Code _____

Email: _____

Are you also registering a sibling for this program? Yes ___ No ___

Siblings will be linked.

Sibling Name(s): _____

Home Phone Number _____

Mother's Name _____ Cell Number _____

Father's Name _____ Cell Number _____

Are you a resident of the City of Charleston? Yes ___ No ___ Staff verification of residency _____

Emergency Contact (if parents cannot be contacted)

Emergency Name _____ Emergency Phone Number _____

Emergency Contact's Address: _____

INSURANCE INFORMATION

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

___ 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

APPLICATION DUE BY 12PM FRIDAY, JANUARY 30TH

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 _____

Mother's Name _____ Employer _____

Work Address _____ City _____

Work Phone _____

Father's Name _____ Employer _____

Work Address _____ City _____

Work Phone _____

Family Physician Name _____

Work Phone _____ City _____

Allergies (list all or NKA-if none) _____

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.

PARENT SIGNATURE

DATE

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.

PARENT SIGNATURE

DATE

APPLICATION DUE BY 12PM FRIDAY, JANUARY 30TH

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

Please don't forget to include yourself, any other guardians, or spouse, if applicable.

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

REGISTRATION AGREEMENT

1. Program services will be provided at Bees Landing Recreation Complex from June 1st to August 7th, 2026, 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 signature

Date

APPLICATION DUE BY 12PM FRIDAY, JANUARY 30TH

Please keep this page for your records with the weeks you selected to be entered into the lottery registration for Bees Landing Recreation Complex, Camp Live Oaks.

After the lottery is run, you will receive an email to inform you of which weeks your child has received, as well as weeks for which your child has been waitlisted.

You will receive this email no later than Wednesday, February 4th.
Payments for selected sessions DUE IN FULL on
Friday, February 6th

****City of Charleston does not issue refunds if a family decides to withdraw from camp sessions once payment is made****

Camp Live Oaks– BLRC

Bees Landing Rec Center– 1580 Ashley Gardens Blvd. Charleston, SC. 29414

Drop off **starts at 8:30AM** in the lobby of the Bees Landing Recreation Complex
Pick up is at 5:00PM in the building.

Please note that there is no early drop off time.

___ Session 1: June 1st - 12th	___ Session 4: July 13th—24th
___ Session 2: June 15th - 26th *No Camp on 6/19	___ Session 5: July 27th - August 7th
___ Session 3: June 29th - July 10th *No Camp on 7/3	___
	Questions? Email Sam at weatherfords@charleston-sc.gov

APPLICATION DUE BY 12PM FRIDAY, JANUARY 30TH

Applications submitted after the deadline will not be considered for lottery drawing