



Nuts About Nature Summer Camp

2026 Lottery Registration Form



Camp Dates (check the box for weeks for which you are interested in; each week is has an individual drawing)

- ☐ Week #1 (6/1 – 6/5): Wild Wetlands
- ☐ Week #2 (6/8 – 6/12): Wacky Science
- ☐ Week #3 (6/15 – 6/18; no camp 6/19 for Juneteenth): Out of This World
- ☐ Week #4 (6/22 – 6/26): Ocean Odyssey
- ☐ Week #5 (7/6 – 7/10): Amazing Adaptations
- ☐ Week #6 (7/13 – 7/17): Scales & Tails
- ☐ Week #7 (7/20 – 7/24): Fantastic Forests
- ☐ Week #8 (7/27 – 7/31): Incredible Invertebrates

Cost: \$90/City Residents; \$105/Non-City Residents (Week #3: City \$72; Non-City: \$84)

Ages: 5-10 (Must turn 5 by 6/1/26 to be eligible for any summer 2026 weeks)

Times: 9:00am-12:30pm (Drop Off 8:30am-9am; Pick Up By 12:45pm)

Location: Nuts About Nature @ Tiedemann Park

Male: _____ Female: _____

Child's Legal Name: _____
(As appears on Birth Certificate) (FIRST) (MIDDLE) (LAST)

Street Address: _____ Apartment #: _____

City: _____ Zip Code: _____ Parent Primary Email: _____

Primary Phone Number: _____ Camper's Birthdate: ____/____/____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

City of Charleston Resident? Yes ____ No ____ Rec Staff Verification of Residency: _____

Emergency Contact: _____ Contact's Relation of Camper: _____

Contact's Phone #: _____ Contact's Email: _____

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

*****APPLICATIONS FOR THE 2026 NAN CAMP LOTTO DRAWING\$ ARE DUE BY
12:00PM ON FRIDAY, JANUARY 30TH TO BE ELIGIBLE*****

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

Camper's Name: _____

Nickname: _____

Mother's Name: _____

Employer: _____

Work Street Address: _____ City: _____

Work Phone: _____

Father's Name: _____

Employer: _____

Work Street Address: _____ City: _____

Work Phone: _____

Camper's Physician's Name: _____

Physician's Office Name: _____

Physician's Phone: _____

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/GUARDIAN 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.

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12:00PM ON FRIDAY, JANUARY 30TH TO BE ELIGIBLE*****

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	_____	_____	_____

NAN CAMP REGISTRATION AGREEMENT
(PLEASE READ CAREFULLY BEFORE SIGNING)

The 2026 Nuts About Nature Summer Camp will be located at Tiedemann Park from June 1, 2026 – July 31, 2026, unless other dates apply. There will be NO CAMP the week of June 29th – July 3rd. Each week's roster will be formed with an individual lotto drawing.

Deposits: 50% of the weekly fee is due up front for any weeks of Nuts About Nature your child is accepted to as the deposit. This portion of the fee is **NON-REFUNDABLE** and **NON-TRANSFERABLE** once paid, but is required to secure your child's spot. Contact your site's supervisor for the deadline date for the deposit. Failure to pay the deposit fees by the deadline may result in the child's spot(s) being dropped. The remaining balance for each week is due the Monday of camp week.

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

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

I am responsible for the sign-in and sign-out of my child on a daily basis unless I have given written permission for my child has permission to walk by themselves.

Discipline Issues: If my child has exceeding discipline issues, I agree to adhere to the policy and my child can be removed from camp without refund. Violent behavior (ex. fighting), refusal to follow counselor instructions, use of profane language or other actions/behavior that cause safety concerns within the camp will result in immediate expulsion from camp for the summer.

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.

Should camp be cancelled due to inclement weather, there will be no payment refund.

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.

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.

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

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

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

(Parent or Guardian Signature)

(Date)