

Summer Camp 2018



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? _____

Guardian #2 Primary Phone: _____

Guardian #2 Secondary Phone: _____

Emergency Contact/Pick Up #1 Name: _____

Emergency Contact/Pick Up #1 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.

Pick Up 2: _____

Pick Up 3: _____

Pick Up 4: _____

Location and Weeks

Check Location:

_____ Kaleidoscope @ Bells Crossing

_____ Kaleidoscope @ Northside Park

_____ Kaleidoscope @ Southside Park

_____ Conestee Camp (7/9-7/13)

_____ Mtn. Bike Camp (Beg. 7/23-7/27)

_____ Mtn. Bike Camp (Adv. 7/18-7/20)

_____ Camp Pavilion

_____ Wanderers Teen Camp

_____ Brutontown Center

_____ Freetown Center

_____ Legacy Charter School

_____ Mt. Pleasant Center

_____ Phillis Wheatley @ Sterling School

_____ Slater Center

_____ Staunton Bridge Center

_____ Sterling Center

Check weeks registering for. (Does not apply for Community Center locations.)

_____ WEEK 1 (6/11-15)

_____ WEEK 4 (7/2-6)

_____ WEEK 7 (7/23-27)

_____ WEEK 2 (6/18-22)

_____ WEEK 5 (7/9-13)

_____ WEEK 8 (7/30-8/3)

_____ WEEK 3 (6/25-29)

_____ WEEK 6 (7/16-20)

_____ WEEK 9 (8/6-10)

_____ WEEK 10 (8/13-17 Pavilion Only)

Notes: _____

Staff Initials: _____



WAIVER AND RELEASE FORM

2018 Summer Day Camps

Please read carefully.

I, _____, the Parent/Guardian of

_____ (Participant's Name) give my permission for him/her
to participate in the 2018 Summer Day Camps, sponsored by Greenville County Parks,
Recreation, & Tourism. I understand the program activities may involve ice skating, outdoor
games, swimming, 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 and 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 2018 Summer Day
Camps. I understand photographs of participants may be taken during the program 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 _____



Office Use Only

Four empty boxes for office use

Date: _____

By: _____

**For security and protection of your financial information
RETURN BY US MAIL OR HAND DELIVER ONLY**

Pavilion Summer Camp Auto-Pay

400 Scottswood Road
Taylors, SC 29687

Credit/Debit Card Auto Draft Authorization Form

Customer Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Children enrolled in camp:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Payment Information

I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card listed below for the 2018 Pavilion Summer Camp camper fees. I understand that my credit card will be charged on the due date which is two weeks prior to the beginning of each applicable camp session. I understand that in the event that my card is declined, it is my responsibility to submit payment by the close of business on the due date of the applicable camp session. I understand that any late pick up charges will be charged to my card the business day following the date of the incurred charge. I agree that I will pay for these purchases in accordance with the issuing bank cardholder's agreement.

Cardholder's signature:

Date:

Credit Card Information

Circle One: **Visa or MasterCard**

Please print.

Cardholder's name:

Cardholders's Zip Code (required)

(as it appears on the credit card)

(from credit card billing address)

Destroyed After System Entry

Credit card number:

Expires:

CVV Code:
