



Registration Form

Camper information:



Camper’s Name: _____ Birth Gender: Male or Female

Date of Birth: _____ AGE: _____

Address: _____

Zip _____ Subdivision: _____

Parent information:

1st Parent/Guardian Name: _____ DOB: _____

Cell Phone: _____

Work Phone: _____ Email Address: _____

2nd Parent/Guardian Name: _____ DOB: _____

Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

CHILD RESIDES WITH:

1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

NAME AND PHONE NUMBER(S) OF PERSON(S) OTHER THAN PARENTS ALLOWED TO PICK UP YOUR CHILD

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

ANY SPECIAL INSTRUCTIONS, SUCH AS CUSTODY OR RESTRAINING ORDERS MUST BE ATTACHED TO THIS APPLICATION AND DISCUSSED PERSONALLY WITH THE CENTER COORDINATOR.

All information will be kept confidential.

PLEASE LIST ANY OTHER INFORMATION YOU’D LIKE TO INCLUDE ABOUT YOUR CAMPER:

Select Camp:
(please circle all that apply)

Specialty	Little Creekers (June 5-9), Creek Kids (June 12-16)
Athletics	Swing & Swim Camp (June 12-16, July 17-21, & August 7-11), Basketball (June 19-23 & July 10-14), Soccer Shots (June 26-30 & August 7-11), Softball Clinic (June 10th),
Therapeutic	Littles Around the World (June 12-14, Olders Around the World (July 24-July 28), Littles Week of Holidays (July 10-14), Olders Week of Holidays (June 26-June 30)
Gymnastics	Beginner Tumbling Clinic (June 17), Advanced Tumbling Clinic (June 24), Front Tumbling Clinic (July 15) Aerials; Side and Front (July 22), Cheer / Tumble (June 14-16), Gymnastics Camp Ages 4-5 (June 21-23), Gymnastics Camp Ages 6+ (July 19-21)
Stem	TechMO’s Beginner Robotic Camp (June 19, 20 & 21) TechMO’s Science Experimental Camp (June 26, 27 & 28th)



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Camper's Name: _____ **Date of Birth:** _____

Medical Conditions: _____

ALLERGIES: please put N/A if your child does not have an allergy

DOES YOUR CHILD REQUIRE AN EPI-PEN? _____ If yes, provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied by a current prescription and a doctor's note.

WILL YOUR CHILD NEED TO TAKE ANY PRESCRIPTION MEDICATIONS WHILE AT CAMP? YES OR NO

If yes, please fill out the permission and waiver to dispense medication information: I _____ the parent/guardian of _____ Give permission to the staff of the City of Goose Creek Recreation Department to administer to my child.

Name of Medication: _____ **Dose:** _____ **Time:** _____

Quantity Supplied: _____ **Dispensing and Storage Instructions:** _____

Possible Side Effects: _____

Name of Medication: _____ **Dose:** _____ **Time:** _____

Quantity Supplied: _____ **Dispensing and Storage Instructions:** _____

Possible Side Effects: _____

Other Important Information: _____

PARENT AUTHORIZATION:

I give the City of Goose Creek permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at the City of Goose Creek and can be used for promotional purposes without notification. Parent/Guardian Signature _____

Waiver & Release of Liability:

In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events, and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or my child (if a parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or videotapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

For participants under the age of 18 at the time of registration: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the Releasees from any and all liabilities incident to the minor's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent of the law.

I have read this release of liability and assumption of risk agreement and signed it freely and voluntarily.

Signature: _____ **Name (Print):** _____

Participant/Parent/Guardian Signature

Refunds must be requested prior to the second class meeting unless specified differently in the specific program policies. There is a \$5 handling fee on all refunds. Insurance is non-refundable. Approval Initial _____

STAFF USE ONLY _____

Date paid _____ Registration Fee Paid _____ Camps Paid For _____ Staff initials _____

Please list all camps registered for: