



**GOOSE CREEK
RECREATION**

What is Camp Friendship?

Camp Friendship is a three-day, Special Needs day camp program that gives participants the opportunity to experience the joy of summer camp. It is our goal that Camp Friendship will create memories and opportunities to enhance the lives of our participants. Camp Friendship will offer group games, crafts, activities, movies, and much more!

Dates and Times:

Camp Friendship will run from **9am to 1pm Monday – Wednesday** at the Community Center.
Drop off at 9:00a.m.

Session 1: July 6 – July 8 (ages 8-15 years old)

Session 2: July 13 – July 15 (ages 16 & above)

Where is Camp located?

Camp will be held at the **Goose Creek Community Center (519 A N Goose Creek Blvd.)**

What to Wear and What to Bring Daily:

Sunscreen, Bag lunch, Closed toe shoes (sneakers). Snacks and Water Provided

Cost:

\$50.00 for Residents; \$60.00 for non-residents

Workers/ family members are encouraged to stay with their camper.

Space is Limited:

Register early because space is limited to 15 campers each week.

How to Register:

Complete this form and email it to acarter@cityofgoosecreek.com or drop it off at 519 A North Goose Creek Blvd. **Registration is due by June 10th.**

For More Information:

contact Allison Carter at acarter@cityofgoosecreek.com or call at (843) 569-4242

CITY OF GOOSE CREEK RECREATION DEPARTMENT

P.O. DRAWER 1768 / GOOSE CREEK, SOUTH CAROLINA 29445 / Phone: 569-4242 or Fax: 569-4241

CAMP FRIENDSHIP REGISTRATION FORM

Return along with birth certificate, proof of residency and proper fee.

Acceptable forms of proof of residency: Current address must be on all proofs of residency

Homeowners: Driver's license or picture Id & most recent utility bill

Renters: Driver's license or picture Id, most recent utility bill & original rental agreement

Campers Name: _____ Sex: _____ Age: _____
Address: _____ City: _____ Zip: _____
Subdivision: _____ Name of Medical Insurance: _____ Birthdate: _____
Email: _____ Cell Phone: _____

Please select the week you would like to attend Camp. (Check the one that applies)

_____ Session 1: July 6 – July 8 (ages 8-15 years old)

_____ Session 2: July 13 – July 15 (ages 16 & above)

Emergency contacts:

Contact 1 - Name: _____ Cell Phone: _____ Other #: _____

Contact 2 - Name: _____ Cell Phone: _____ Other #: _____

****List All Allergies:** _____

****List All Special Needs or Considerations We Need to Be Aware of:** _____

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 child (if 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 my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless 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 video tapes 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 sign it freely and voluntarily.

Signature: _____ Name (Print): _____
Parents/Guardian Signature

FOR STAFF ONLY

AGE as of 6/21/19: _____

SESSION ASSIGNED: **Session 1** **Session 2**

Does participant have a sibling/parent that can volunteer? Yes _____ No _____ If Yes, Name: _____

Birth Certificate on File? _____ Residency Verified? _____ Date Registered: _____ Staff Initial: _____