

City of Goose Creek Recreation Summer Fun Fitness Camp Registration Form

Participant's Name: _____ Male: ____ Female: ____ Age: _____

Birthdate: _____ Address: _____ City: _____

Zip Code _____ Subdivision: _____

Does Participant live within the City of Goose Creek boundaries YES _____ NO _____

Cell phone: _____ **Permission to send text message Yes ___ No ___** **Cell Phone Carrier:** _____

Email address: _____ Work number: _____

Name of Responsible Party: _____ Date of Birth: _____
(Parent/Legal Guardian if Participant is under 18) (Responsible Party)

Name of **MEDICAL INSURANCE COMPANY:** _____

Do you wish to purchase **PLAYGROUND INSURANCE?** (Required if you have no medical insurance \$10/child)
 _____ YES _____ NO

Does the child have any **SPECIAL NEEDS** of which we should be aware? **YES** _____ **NO** _____
 If so, what are they?

Will any other persons be ALLOWED TO PICK UP YOUR CHILD? **YES** _____ **NO** _____

If so, who are they? A child will be released to either parent unless we have a written court order.

Name: _____ **Name:** _____ **Name:** _____
Phone: _____ **Phone:** _____ **Phone:** _____

I UNDERSTAND that a TWO-WEEK ADVANCED WRITTEN NOTICE must be given before withdrawing from any camp. If no notice is given, I will NOT receive a Refund. There is a handling fee on ALL Refunds. Initials: _____

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 state income tax refund including all fees.

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

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.

Signature: _____ **Name (Print):** _____
Parent/Guardian Signature

CIRCLE THE CAMP WEEKS REGISTERING FOR:

Week # 1 June 22-26	Week # 2 July 27-31
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STAFF USE ONLY: Camp Fee: _____ x # of Weeks _____ = Amount Due: _____ ***must pay for weeks in full**

Amount Paid: _____ Date Paid: _____ Staff Initials: _____

SUMMER FUN FITNESS CAMPS 2020

Week # 1 June 22-26	Week # 2 July 27-31
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GOOSE CREEK ACTIVITY CENTER
519A NORTH GOOSE CREEK BLVD., GOOSE CREEK, SC 29445
843-569-4242

Summer Camp: This is offered to both boys and girls ages 6+ (5yr old if attending Grade K)

Camp Times: Camps meet daily Monday – Friday from 8:00am – 5:30pm

Payments: Payment in full is due at time of registration.

Items from Home: Please NO electronics. Please be sure to label any personal items with your child's name.

Snack & Lunches: Must bring; water bottle, a sack lunch and 2 snacks to camp every day. (microwave not available)

Class Fees: Payments are due in FULL at the time of registration.

Late Pick Ups: Children MUST be picked up from camp at dismissal time (5:30pm). A late pick-up will be charged for children picked up after scheduled camp time (***\$10 for each 15 minutes or part of***). This fee is to be paid immediately when you arrive. Please be mindful that our staff has family, work and educational commitments too.

Absences: We do not credit for absences.

Refunds: Refunds must be requested in writing two weeks in advanced of camp date. There is a handling fee for all refunds. If I do not give a two week in advanced notice, I will NOT receive a refund.

Allergies: Please advise the coaches and staff if your child has ANY known allergies of any type.