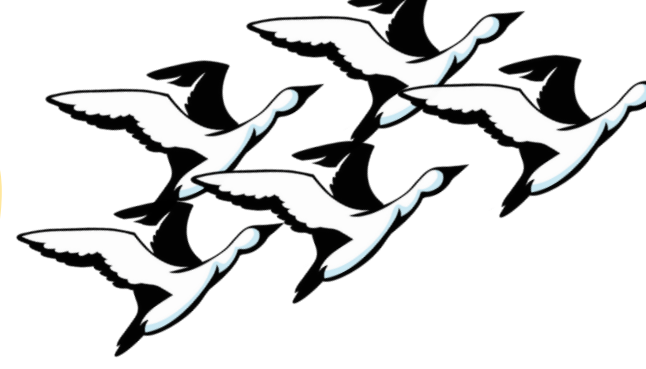




Registration Form

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)

Speciality	Creek Kids: (June 13th-17th) (July 18th-22nd) (August 1st-5th) Recorder Camp: (June 27th-July 1st) The Big Red Box of Magic: (July 11th-15th)
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Stem	Science & Technology: (June 27th-29th) Robotics & Technology: (June 20th-22nd) Magic of Science Camp: (July 11th-15th)
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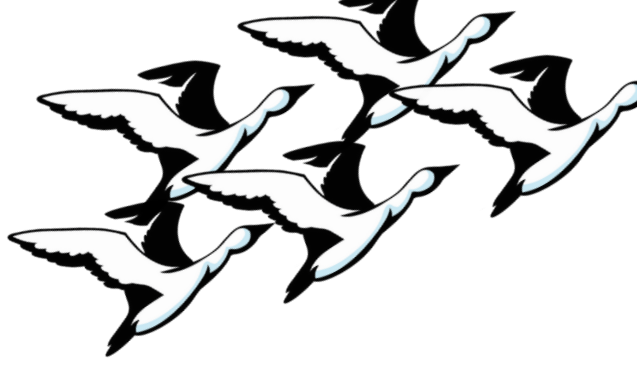
Gymnastics	Gymnastics Camp 4-6: (June 15th-17th) Gymnastics Camp 6+: (July 13th-15th) Cheer/Tumble Camp: (June 22nd-24th) (July 20th-22nd)
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Athletics	Swing & Swim Camp: (June 13th-17th) (July 11th-15th) (August 8th-12) Lacrosse Camp: (July 11th-14th) Basketball Camp: (June 13th-17th) (July 18th-22nd) Soccer Shots Camp: (July 25th-28th) Volleyball Clinic: (June 14th) (June 23rd) Pickleball Clinic: (May 11th) (June 8th) Soccer Clinic: (June 18th) Softball Clinic: (July 9th)
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Arts & Crafts	Fused Glass Art: (June 7th-9th) (August 9th-11th) Beginners of Fusing Art: (July 26th-28th) Kids Clay (June 20th-July 1st) Summer Sculpt (June 20th-July 1st) Think 3-D! Teen Clay Camp (June 20th-July 1st) Kids Drawing & Painting (July 18th-21st) Draw Cool Stuff (July 18th-21st)
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Registration Form



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: