

## Registration form & Camper information:

Camper's Name:		Bir	th Gender: Male or Female
Date of Birth:	AGE:		
Address:			
ZipSubdivisio	arent in	Formati	ion:
1st Parent/Guardian Name:			DOB:
Cell Phone:	<del></del>		
Work Phone:	Email Address:		
2nd Parent/Guardian Name:			_ DOB:
Cell Phone:			
Work Phone:	Email Address:		
Emergency Contact:			Relationship:
Cell Phone:			
CHILD RESIDES WITH:			
1st Parent 2nd Parent	Guardian	Both	Other
NAME AND PHONE NUMBER(S)	OF PERSON(S) OTHER	THAN PARENTS AL	LOWED TO PICK UP YOUR CHILD
1		Phone	Number:
2			Number:
			Number:
			umber:

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:



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)		



## Registration form

Camper's Name:	Da	te of Birth:
Medical Conditions:		
ALLERGIES: please put N/A if your chi		
DOES YOUR CHILD REQUIRE AN EPI-	-PEN? If ves. provi	de the camp with an Epi-pen to be kept at camp during your child's
enrollment. Epi-pen must be accompar	•	
WILL YOUR CHILD NEED TO TAKE A	NY PRESCRIPTION MEDICATION	ONS WHILE AT CAMP? YES OR NO
	-	information: I the parent/guardian
<u>.</u>	Give permission to the	staff of the City of Goose Creek Recreation Department to administer to
my child.	_	
Name of Medication:		
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 AL	JTHORIZATION:
I give the City of Goose Creek permiss	ion to photograph and/or video	tape my child for public relations and/or marketing purposes.Photos will
remain archived at the City of Goose C Signature	•	otional purposes without notification. Parent/Guardian
		ease of Liability:
acknowledges and agrees that there are both known and unknown, even if arising able to participate in the activity. In the emergency medical treatment for myse and conditions for participation. I, for meaning the City of Goose Creek Reciparticipants, sponsors, and advertisers whether arising from the negligence of person transporting myself or my child use of any pictures and/or videotapes to the SC Setoff Debt Collection Act to	re always risks involved in particing from negligence, and assume event of a medical emergency, elf or my child (if a parent is not hyself and on behalf of my heirs, reation, Goose Creek Recreation (releasees), with respect to any at the releasees or otherwise, to the to and from these activities. I furtaken of the registrant while particularly of collect any delinquent sum during the second collect any delinquent sum duri	pation sports, programs, related events, and activities, the undersigned pation in recreational activities. I knowingly and freely assume all such risks, full responsibility for my participation. I declare the participant physically I authorize Goose Creek Recreation or its representatives to obtain available). I willingly agree to comply with the stated and customary terms assigns, personal representatives, and next of kin, hereby release and hold in Commission, their officers, officials, agents, and /or employees, other and all injury, disability, death, or loss or damage to person or property, the fullest extent permitted by law. I likewise release from liability, any or there grant GC Recreation the unencumbered right to make promotional tricipating in this program. The City of Goose Creek has the right pursuant the through offset of the state income tax refund including all fees.
participant, do consent and agree to his	s/her release as provided above Ill liabilities incident to the minor	o certify that I, as parent/guardian with legal responsibility for this , for myself, my heirs, assigns, and next of kin, I release and agree to hold s involvement or participation in these programs as provided above, even i
I have read this release of liability and a	ssumption of risk agreement an	d signed it freely and voluntarily.
Signature:	Name (Print):	
Participant/Parent/Guardian Signatur	<b>'e</b>	
Refunds must be requested prior to the fee on all refunds. Insurance is non-refu	_	pecified differently in the specific program policies. There is a \$5 handling
STAFF USE ONLY		
Date paidRegistration F	Fee PaidCamps Paid	or Staff initials

Please list all camps registered for: