



MIDDLE SCHOOL SUMMER CAMP REGISTRATION

Was your child in the Chesnee ACE Program during the 2019/2020 school year? Yes No

Child's Name _____ Gender Male Female

Age _____ Birthdate _____ Grade 2020/2021 School Year _____

School _____

Address _____

Phone _____ Email _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Driver's License Number of Person Responsible for Payment _____

Do both parents have permission to pick your child up? Yes No

If not, which parent cannot pick your child up? _____

Who else has permission to pick your child up from camp?

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

If someone other than you or the people listed on this form will be picking up your child, please notify us in advance in writing or by phone in case of emergency.

Anyone not listed on this form must have a code word to pick up your child. Code Word _____

Does your child require any type of additional support or modification to be successful in this program?

Emergency Information

Who can we call in case of an emergency if we cannot reach you?

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Preferred Doctor _____ Phone Number _____

My child has Health Concerns Food Allergies Behavioral Concerns Limitations

Please Explain _____

Does your child know how to swim? Yes No

Comments _____



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T-Shirts

All children will receive a Summer Camp t-shirt, which they will be required to wear on all field trips.

What size shirt does your child need?

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Session Dates

What weeks will your child be attending camp?

June 8 - 12 June 15 - 19 June 22 - 26

Cost

Deposit: One-time payment of \$45 per child, non-refundable

Weekly Fee: \$90 per child

Medical Release

If the parent(s)/guardian and authorized physician name above cannot be reached and immediate treatment is urgent, in the judgement of camp staff, I authorize the treatment of my child by the physician or hospital most easily accessible. Notations: _____

Field Trip Permission

I hereby approve for my child to participate in field trips as part of summer camp between the dates of June 8th - June 26th, 2020, releasing Spartanburg County Parks Department, all staff, volunteers and participating / sponsoring agencies of any responsibility in case of injury that may occur under proper supervision.

Photograph Permission

Participant photographs and interviews: Spartanburg County Parks Department retains the right to use photo taken while at SCPD facilities and/or at events sponsored by the Parks Department for publicity purposes.

Rules and Policies

I have received and reviewed the 2020 Summer Camp Policies and Procedures and understand I am expected to pay in full for each week I have checked.

Parent/Guardian Signature _____ Date _____