

## Registration Form

Child's Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Emergency Contact (name and phone number) \_\_\_\_\_

## Release of Liability

▪ In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in activities or travel to and from the park.

▪ I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risk associated with my child participation in this activity.

▪ I agree that photographs, recordings, or any other record may be collected and used for the purpose of administering and promoting programs operated or sponsored by the City of Columbia.

▪ In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.

▪ I have read and fully understand these terms are contractual, not a mere recital, and sign it voluntarily.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Camp Rules and Regulations

In order to ensure a safe and enjoyable time during the Summer Camp Program for all children, the following rules have been established:

- Parent/guardian must sign child in and out daily.
- Children may not leave park site without permission of parent.
- All participants must show courtesy to fellow campers and counselors. Children will be respectful of park property; and obey all program rules.
- No swearing, name calling or fighting.
- Any child who has a fever, rash, vomiting or diarrhea **must** be picked up by the parent.
- No guests are allowed during Camp Program hours.

### Failure to follow the above rules may result in:

- Verbal reprimand by the counselor
- Verbal reprimand by the Park Leader and a note to the parent.
- Suspension from Summer Camp Program for specified length with written notice to parent/guardian.

A child who is suspended **will not** receive a refund & cannot attend another city sponsored camp. Due to the nature of the disciplinary action, we reserve the right to implement whichever of the above steps is deemed necessary.

**Termination of Services:** The City reserves the right to terminate services for the following reasons: Non-payment of fees and/or chronic late pick up. Services may be terminated for children who do not function in a group situation and who do not respond to described discipline.

**Cancellation:** Any cancellation less than two weeks prior to your child's starting date will result in the loss of your tuition. Cancellations must be in writing.

Signature (Parent/Guardian) \_\_\_\_\_



City of Columbia Parks & Recreation  
1111 Parkside Dr., Columbia, SC 29203  
(803) 545-3100 [www.ColumbiaSC.net](http://www.ColumbiaSC.net)

## Weeks attending camp: (Check all that apply)

1  2  3  4  5  6  7  8  9  10  11

### Check which camp your child will attend:

Summer Camp  Teen Camp

T-shirt Size \_\_\_\_\_

Park Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Park Location \_\_\_\_\_

Receipt Number \_\_\_\_\_

## Authorization for Pick-up

The following person(s) is authorized to pick-up participant from program or to call in case of illness, accident or emergency if parent or guardian cannot be reached. The participant will not be released to any person other than those authorized on this form.

I understand that it is my responsibility to notify the park if and when someone other than myself will be picking up my child. I understand that if this changes, I will notify the park in writing.

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

## Medical Information

Does your child have any allergies, disabilities, medications or physical restrictions that our counselors should be aware of?

Please list: \_\_\_\_\_

Family Physician or Health Care Provider \_\_\_\_\_

Phone Number \_\_\_\_\_

White Copy-Park Center  
Yellow Copy-Main Office  
Pink Copy-Parent/Guardian