

Registration Form

Camper's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ School: _____

Movie Rating: G PG PG-13 Race (Optional): _____

Shirt Size: YS YM YL AS AM AL AXL Gender: M F

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Parent/Guardian Information

Billing Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Employer: _____

Father's Name: _____ Employer: _____

Contact Information

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's Work Phone: _____ Mother's E-Mail: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's Work Phone: _____ Father's E-Mail: _____

Emergency Contact Name (other than parents): _____

Relationship to Camper: _____ Primary Phone: _____

Persons authorized to pick up camper(s)

*****Everyone MUST present a photo ID in order to pick up camper(s).*****

Registration Form

Please list any physical/mental/emotional conditions, special needs, allergies, or any other general information about your child(ren) which we need to be informed of. Children with Special Needs must have an additional application completed and a meeting scheduled prior to enrolling (see Director for details). All medications to be administered during the Program must be given to the Director with a Medication Form completed by parent or guardian (see Director for form). All medications will be kept in a locked safe behind the front desk at the Center.

If this does not apply to your child please indicate this by writing "N/A" below.

Please initial each statement below:

_____ I have received a copy of the Program Handbook which includes the discipline policy. I have read it and agree to adhere to it. Copies of the Program Handbook are available online at LCRAC.com.

_____ I understand that LCRAC does not administer corporal punishment.

_____ I understand that my child(ren) is covered with secondary insurance (\$50 deductible).

_____ I give LCRAC permission to transport my child(ren) on LCRAC approved vehicles, routes, & field trips.

_____ I understand that if I get more than 2 weeks behind in payments, my child(ren) may not return until the balance is paid in full.

_____ I understand that my child(ren)'s photo may be taken for use in promotional media. I waive the right to inspect or approve the photo if used for such purposes.

_____ I understand that any medications that must be administered to my child(ren) require a Medication Form signed by a parent or guardian.

I have been referred to this program by (child or parent name): _____

Waiver

I certify that my child is able to participate and hereby give my approval for the above-name child(ren) to participate in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation & Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of emergency, if camp staff is unable to contact me I hereby authorize for a medical treatment. By signing below, I assume all responsibilities for charges incurred on my child(ren)'s account.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____