



**Cheraw Recreation & Leisure Services
2022 Summer Playground Camp Application
Camp (at Cheraw Intermediate School)
June 13 – July 29, 2022**

Please print (complete one per child)

Child's Name: _____ Date of Birth: _____

Gender: _____ Female _____ Male

Parent/Guardian Name(s): _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: (home) _____ (cell) _____ (work) _____

Grade entering Fall 2022: ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th School: _____

Camper T-shirt (circle one): Youth size: ___ S ___ M ___ L ___ XL Adult size: ___ S ___ M ___ L ___ XL

CONTACT INFORMATION

Primary Contact Parent/Guardian (person available to answer their phone during the day)

Name: _____

Telephone: (home) _____ (cell) _____ (work) _____

The playground staff needs to know how your child will be going home each day.

Please check one of the boxes: ___ Bicycle or Walking ___ Pick up by Parent

CAMP SESSION (at Cheraw Intermediate School)

June 13 – July 29: Monday through Friday from 8:30am – 5:00pm (closed Monday, July 4, 2022)

PAYMENT

Camp Fees: Payment of the first week of camp and the insurance/registration fee is due with this application. The payment is to ensure a slot for the camper, and it is applied towards your first week of camp.

Enclosed is my check in the amount of: \$ _____

Please bill my credit card the following amount: \$ _____

Name on Card: _____ Circle: ___ MasterCard ___ VISA ___ Discover ___ Amex

Credit Card #: _____ Exp. Date: _____ CSV: _____

Signature: _____

I have read, understand, and agree to the terms of this application.

Parent/Guardian Signature: _____

Date: _____

****Check box in lieu of signature if submitting electronically*

Typed Name: _____

**Please mail or drop off registration form with payment by May 27, 2022, to:
Cheraw Community Center, 200 Powe St. Cheraw, SC 29520 / 843-537-8420**

2022 SUMMER PLAYGROUND CAMP POLICIES

Payment

I understand that payment for the camp is non-refundable/non-transferrable and must be received at the Cheraw Community Center (200 Powe Street) by 5pm Friday for the next week of camp. There is a \$10 late fee assessed to the camp payment received after the due date each week. The camp staff CANNOT take money at the site. If your child is going to attend on a certain week, you must provide a written notice to the Cheraw Rec office in advance, but you are still responsible for payment to hold your child’s spot. I further understand a few day trips for the camp (away from the school) are planned and will be an additional minimum cost for the camper if he/she wishes to participate.

Transportation

I understand that I must provide my child transportation to/from camp daily. Camp drop-off time is 8:15am – 8:45am at the Cheraw Intermediate School’s playground. Pick up time is 5:00pm sharp and after 5:15pm, there will be a LATE FEE charged of \$1.00 minute added to the camp’s payment for that week.

Camp Program Rules

I understand that my child will be responsible for complying with all Program rules during participation, and that failure to do so may result in my child being asked to leave the camp and no refund will be given.

Backpack Search

I agree that any camp participant’s belongings may be searched outside the participant’s presence for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Campers are asked to leave any valuables and electronics at home. The Cheraw Recreation and Leisure Services and its employees are not responsible for lost or stolen items.

Photographs

In addition, I understand that photographs and videos may be taken to documents activities. I give my permission for photographs and/or videos to be taken of my child during the camp to be used for educational and/or promotional materials for The Town of Cheraw Recreation & Leisure Services Department.

PARENTAL CONSENT STATEMENT: As the parent/guardian, I confirm that my child has my permission to attend and participate in the Cheraw Recreation and Leisure Services Summer Playground Camp Program that will be held at Cheraw Intermediate School. I understand that he/she will be subject to the regulations such as those with the Cheraw Recreation Department and the Chesterfield County School District. I also agree that my child will follow instructions of the camp personnel and will treat other campers and adults with courtesy and respect. I understand that I am responsible for picking up my child PROMPTLY each day. I understand that if my child fails to comply with the camp rules and regulations, he/she will not be allowed to continue participation in the camp and no refund will be issued. In signing this Agreement, I hereby acknowledge and represent that I have read this agreement in its entirety, understand it, and sign it voluntarily. I expressly assume all risks involved with my child participating in activities.

Parent/Guardian Signature: _____ Date: _____

***Check box in lieu of signature if submitting electronically

Typed Name: _____

Cheraw Rec Staff Only:

Staff signature _____ Date _____ Payment: _____

**AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE
COMPLETE ONE FORM PER CHILD**

Child's Name: _____ Date of Birth: _____

Pick-up list (Anyone picking up a camper must provide a photo I.D. and be listed below)

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. If we cannot be reached, I hereby give permission to secure proper treatment including administering anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of camp. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc.) please contact the Camp Director at 843-537-8420, ext. 15 prior to June 10, 2022.

MEDICAL RELEASE

I authorize the Cheraw Recreation & Leisure Services Department, as agent for the undersigned, to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under general or special supervision of any licensed physician or surgeon on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Cheraw Recreation & Leisure Services is not responsible for costs incurred for medical care.

Parent/Guardian Signature: _____

Date: _____

****Check box in lieu of signature if submitting electronically*

Typed Name: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In exchange for being permitted to participate in the Cheraw Recreation Center Summer Playground camp program at Cheraw Intermediate School, [Student's Name: _____], on behalf of myself or my named minor child, agree to the following:

1. This agreement is made on behalf of the individuals who execute the agreement below. In the cases where a parent or guardian executes this Agreement, such parent or guardian hereby acknowledges and agrees that, for purposes of this agreement, "I" shall mean such parent or guardian, any other present or future parent or guardian of the child listed herein, the child, and the personal representatives, heirs, successors, and assigns, therefore, with the result that all such parties are bound by the terms of this agreement.
2. I understand and acknowledge that the State of South Carolina has experienced community spread of the COVID-19 virus, which if contracted by myself or my child could be fatal. I understand that the COVID-19 outbreak is a global pandemic which CRLS cannot control.
3. I understand that during participation in the camp, I could, potentially, be exposed to the COVID-19 virus, and that the risk of such exposure cannot be eliminated. I fully understand and appreciate both the known and potential dangers of participating in the CRLS program and acknowledge that participation may, despite CRLS's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which hazards, and risks include, but are not limited to, quarantine requirements, serious illness, disability, and/or death. Additionally, I understand that, should I be exposed to the COVID-19 virus, other members of the household could be exposed to the COVID-19 virus as well.
4. I fully realize, accept, acknowledge, and understand the risks of having my participation in the camp and voluntarily assume all the risks associated with such attendance, whether such risks are known or unknown or listed herein.
5. I agree to follow all Program policies and procedures as well as any written or oral instructions or direction, including safety measures related to COVID-19, given by the Program or by CRLS.
6. During the time of attendance, I agree to (a) exclude myself if I am experiencing any symptoms of COVID-19 including fever, cough, shortness of breath, etc. or have been exposed to someone who tested positive for COVID-19, (b) strictly adhere to all social distancing guidelines in place at the time of attendance as recommended by local, state, and federal officials or as required by CRLS, and (c) will wear face coverings and engage in proper sanitation guidelines in place at the time of attendance as recommended by local, state, and federal officials or as required by CRLS.
7. To the extent permitted by law, and in consideration for being allowed to participate in the camp, I hereby release, discharge, hold harmless, and covenant not to sue the camp, CRLS, the CRLS Board of Commissioners, and the State of South Carolina, and their administrators, faculty, staff, agents, and employees from all liability, claims, causes of actions, damages, or demands of any kind and nature whatsoever that may arise from my participation in the camp, whether arising out of the acts, omissions, or negligence of CRLS. I understand and agree that this release includes any claims of exposure to, or infection by, the COVID-19 virus based on the actions, omissions, or negligence of CRLS, its officers and directors, employees, agents, and subcontractors, whether a COVID-19 infection occurs before, during or after any contact arising from your participation in and attendance on the CRLS campus for this camp.

In signing this Agreement, I hereby acknowledge and represent that I have read this Agreement in its entirety, understand it, and sign it voluntarily. I expressly assume all risks involved with my Child participating in these activities.

Parent/Guardian Signature: _____

Date: _____

****Check box in lieu of signature if submitting electronically*

Typed Name: _____