

HAMPTON COUNTY RECREATION DEPARTMENT

361 EAST PINE STREET VARNVILLE SC 29944

SUMMER CAMP REGISTRATION & RELEASE FORM

Phone: 803-943-2857

Fax: 803-943-2768

Emails: Jpeeples@hamptoncountysc.org

Lbrown@hamptoncountysc.org

Student Name: _____

Camp: _____

Gender: M___ F___ Date Of Birth: _____ Age: _____

Emergency Information

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: _____ Cell #: _____ Work#: _____

Emergency Contact: _____ Phone #: _____

Allergies: _____

Email: _____

PLEASE INITIAL, SIGN AND DATE BELOW

I, _____ (parent/guardian of the above child mentioned) request registration for my child in the summer camp mentioned at the Hampton County Recreation Department.

I, _____ (parent/guardian of the child mentioned above) is fully aware that any risk of injury is my responsibility during the summer camp at the Hampton County Recreation Dept. Also, at the participant's sole risk on his/her own behalf, I hereby release, discharge, and agree to hold harmless the Hampton County Recreation Dept, instructors, staff, volunteers, and all parties involved with the summer camp.

I, _____ (parent/guardian of the above child mentioned) give the Hampton County Rec. Dept permission to take and release pictures for use on the official Hampton County Website and /or any other media used for advertising for Hampton County Rec. Dept.

Signature of Parent or Guardian

Date