

2017 SUMMER SAFARI / EXTREME SAFARI REGISTRATION

PLEASE PRINT. FORM MUST BE FILLED OUT COMPLETELY.

Household#: _____

AVAILABLE T-SHIRT SIZES (*t-shirt included with registration*)
 YS: 6-8 YM: 10-12 YL: 14-16 AS: Adult Small
 AM: Adult Medium AL: Adult Large AXL: Adult Extra Large

CHILD'S NAME <i>PLEASE COMPLETE ONE APPLICATION PER CHILD</i>	PARK LOCATION <i>Check One</i>	DATE OF BIRTH	GRADE <i>'16-'17 current year</i>	SEX <i>Check one</i>	T-SHIRT SIZE <i>Check one</i>
Name: _____	<input type="checkbox"/> Seven Oaks <input type="checkbox"/> Crooked Creek	___/___/___		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> YS <input type="checkbox"/> AS <input type="checkbox"/> AXL <input type="checkbox"/> YM <input type="checkbox"/> AM <input type="checkbox"/> YL <input type="checkbox"/> AL

MEDICAL INFORMATION <i>Special Needs, Allergies, Medication, Etc</i>	
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STREET ADDRESS	CITY	ZIP CODE	HOME PHONE	EMAIL ADDRESS

MOTHER'S NAME	EMPLOYER/TITLE	WORK PHONE	CELL PHONE
FATHER'S NAME	EMPLOYER/TITLE	WORK PHONE	CELL PHONE

In the event of an emergency, the child's mother and father will be contacted first. If they cannot be reached, we will attempt to reach the following Emergency Contacts.

EMERGENCY CONTACT #1 <i>OTHER THAN PARENT</i>	RELATION TO CHILD	PHONE NUMBER	EMERGENCY CONTACT #2	RELATION TO CHILD	PHONE NUMBER

*Please list all individuals **AUTHORIZED** to pick-up your child(ren). Please include parents and emergency contacts. Only those listed below will be permitted to pick-up your child(ren). Any changes to this list must be made in writing. We reserve the right to ask for identification from anyone picking up your child(ren).*

NAME	RELATION TO CHILD	NAME	RELATION TO CHILD

*Please list all individuals **NOT AUTHORIZED** to pick-up your child(ren). Those listed below will not be permitted to pick-up your child(ren). Any changes to this list must be made in writing. We reserve the right to ask for identification from anyone picking up your child(ren).*

NAME	RELATION TO CHILD	NAME	RELATION TO CHILD

Weeks Attending	
Please check each week your child will attend Summer or Extreme Safari	
<input type="checkbox"/> WEEK 1: JUNE 5-9 <input type="checkbox"/> WEEK 2: JUNE 12-16 <input type="checkbox"/> WEEK 3: JUNE 19-23 <input type="checkbox"/> WEEK 4: JUNE 26-30 <input type="checkbox"/> WEEK 5: JULY 3, 5, 7, 8 (\$25/PER DAY) <input type="checkbox"/> WEEK 6: JULY 10-14	<input type="checkbox"/> WEEK 7: JULY 17-21 <input type="checkbox"/> WEEK 8: JULY 24-28 <input type="checkbox"/> WEEK 9: JULY 31-AUGUST 4 <input type="checkbox"/> WEEK 10: AUGUST 7-11 <input type="checkbox"/> WEEK 11: AUGUST 14-18 <input type="checkbox"/> WEEK 12: AUGUST 21, 22 (<i>Fee is \$25 per day</i>)

For Staff Use Only			
WEEK 1:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 7:
WEEK 2:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 8:
WEEK 3:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 9:
WEEK 4:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 10:
WEEK 5:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 11:
WEEK 6:	<input type="checkbox"/> E	<input type="checkbox"/> WL	WEEK 12:

Please read and initial the following statements. All information must be completed to enroll in the Summer/Extreme Safari Programs.

- _____ **Payment is due the Monday prior to each week your child participates in camp. (E.G. Payment for the week of June 19th is due Monday, June 12th).**
Your child will not be permitted to stay without full payment. Please make your payments in the envelopes provided in your folder. Checks and money orders should be made payable to ICRC and include your child's name. If payment is not made by the due date, you will forfeit your child's spot for that week.
- _____ ICRC does NOT issue refunds (full or partial) after the final payment for camp is due. Payments may NOT be transferred to later weeks in the Summer or Extreme Safari Camps or transferred to Afternoon Safari accounts at any time.
- _____ Children must wear athletic shoes and socks everyday. NO SANDALS or open-toed shoes.
- _____ ICRC will not be responsible for lost, stolen or broken items.
- _____ In an emergency, if a parent/guardian or emergency contact cannot be reached, 911 will be called. All medical expenses and ambulance fees will be the sole responsibility of the parent/guardian.
- _____ We will release your child(ren) to only those on your authorized pick-up list. Everyone on this list must be at least 16 years of age. We reserve the right to ask for identification from anyone picking up a child from Summer Safari.
- _____ Campers are expected to respect the staff, the rules and each other. Discipline procedures include "time-out", loss of privileges, a phone call to parents and discipline forms. Discipline forms are completed for repetitive or severe discipline problems. Our staff will handle any behavior or discipline problem to the best of his or her ability. Parents are not permitted to approach other children in an effort to resolve these matters. For repeated/serious discipline problems, ICRC reserves the right to remove a child from Summer or Extreme Safari at any time. No refund will be issued if your child is removed. Physical contact in disciplining the children is avoided, but may be used to restrain children from harming themselves or others. If a student receives three discipline forms, he or she will be suspended for 2 or 3 days. A fourth discipline form will result in a one week suspension. A fifth form may result in expulsion from Summer or Extreme Safari for the remainder of the summer.
- _____ Behavioral issues may result in a loss of field trip privileges.
- _____ We are unable to honor requests for specific groups or to be with another camper as children may not be in the same group each week.

As parent/guardian of the above named child, I have received, read, understand and agree to abide by the guidelines of this program. I understand that failure to do so can be cause for removal from this program. I give the above named child my permission to participate in all Summer & Extreme Safari activities including off-site field trips and transportation for these trips. I am responsible for signing my child out each day and notifying program staff regarding any changes in the information provided above. I give my permission for ICRC to photograph my child and publish these images in the media and/or publicity purposes. Agreement and Full Release of Liability: This release is intended to be as complete and comprehensive as possible under the law. I acknowledge that there are risks of physical injury to me and my minor child from participating in activities offered by the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Irmo Chapin Recreation Commission and its agents, employees and volunteers from all liability for any injury to me or my minor from negligence. If I or my child becomes injured, I authorize the Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

Insurance Coverage:

- YES, I do wish to purchase accident coverage at a cost of \$6.00 per child.
- NO, I do not wish to purchase accident insurance for my child): The above named child is covered by adequate personal accident coverage. I understand that ICRC does not provide accident insurance for participants.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Age: _____

Employee Witness: _____ Date: _____