

Horry County Parks & Recreation Department
(843) 915-5330



SUMMER YOUTH ADVENTURE CAMP 2011

(7:30am-6pm)

REGISTRATION FORM

Please complete the following application in **INK** and in **PRINT**.

Camper #1: Name _____ Age: _____ Sex: *M F* T-shirt size: _____ Number of extra shirts _____

Camper #2: Name _____ Age: _____ Sex: *M F* T-shirt size: _____ Number of extra shirts _____

Camper #3: Name _____ Age: _____ Sex: *M F* T-shirt size: _____ Number of extra shirts _____

The cost is **\$65 a week**. Payable upon registration, a \$20 **non-refundable deposit is due**. The registration fee is waived for payments made in full. **If you have a past balance for any program, the deposit made will be applied to that balance and your spot will not be held.** You are responsible for payment for the weeks you specify. **Registration is by the week; daily rates are not available.**

Payments are due in advance, on Fridays for the following week. Any payments made after 9 am on Monday will incur a late charge of \$5 per camper. **Participants are responsible for payments for weeks selected regardless of attendance.**

Changes can be made but changes must be made in writing using an ADJUSTMENT FORM +

APPROVED IN WRITING by HCPR SYAC Specialist. No refunds are given for overpayment. **Initials** _____

LOCATION: _____

Indicate camper # by each week the child will attend

- | | |
|---|---|
| <input type="checkbox"/> 1. June 6 th -10 th : Moving and Grooving | <input type="checkbox"/> 6. July 11 th -15 th : Renaissance |
| <input type="checkbox"/> 2. June 13 th -17 th : Waterplooza | <input type="checkbox"/> 7. July 18 th -22 nd : Infinity and Beyond |
| <input type="checkbox"/> 3. June 20 th -24 th : Athens vs. Spartans | <input type="checkbox"/> 8. July 25 th -July 29 th : Naturally Outdoors |
| <input type="checkbox"/> 4. June 27 th -July 1 st : Fantasia | <input type="checkbox"/> 9. Aug. 1 st -5 th : Treasure Hunt |
| <input type="checkbox"/> 5. July 5 th -8 th : Spectacular States | <input type="checkbox"/> 10. Aug. 8 th -12 th : SYAC Got Talent |

E-Mail address: _____

Home address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone/Pager#: _____

Mother's Name: _____ Work Phone #: _____

Father's Name: _____ Work Phone #: _____

Emergency Contact (other than parents listed) : _____ Phone #: _____

Person(s) authorized to pick up child (ren) (other than parents listed) : _____

Physician: _____ Phone#: _____ Preferred hospital: _____

Insurance company: _____ Policy #: _____

CODE WORD: _____

Please provide information on allergies, medications, and other restrictions that may affect our ability to ensure the camper's safe participation in the activities of S.Y.A.C. _____

G-Rated and PG movies such as *Space Jam*, *Parent Trap*, & *101 Dalmatians* are occasionally offered. If you do not desire your child(ren) to view PG movies, please indicate so here. _____

*As parent/guardian I give Horry County Parks & Recreation Department permission to provide my child(ren) with activities and transportation regarding those activities. I also permit them to transport them to any medical facility necessary. I hereby release Horry County (all departments), Horry County School District, agencies used for transportation, all facilities associated with field trips, Horry County Council on Aging, & Horry County Parks & Recreation, their employees, & instructors from all incidents and/or accidents suffered by my child or myself. The agency also has permission to photograph my child (ren) during these activities and use photos in camp and local publications. Furthermore, my child (ren) has permission to participate in all activities provided for them with the Summer Youth Adventure Camp. **I have received, read, and understand all pages of the Camp policies, procedures, and rules.***

Date: _____ **Parent/Guardian:** _____

Deposit Amount paid: _____ Receipt #: _____ Payment Method: _____ CC Approval Code: _____

Credit/Debit Card #: _____ Exp. Date: _____ Charge card weekly _____ (Initial) deposit fee only _____ (Initial)

T-shirt Fee: Amount paid: _____ Receipt #: _____ Payment Method: _____ (extra t-shirts \$10 each, must order at time of registration)

