

## 2018 Pickens County Recreation Department Summer Day Camp Registration

	Child's Name	Age	Date of Birth
1			
2			
3			
4			

Parent/Guardian Name(s):

Address:

### Contact Phone Numbers

Home:

Cell:

Work:

### Emergency Contact *if parents/guardians cannot be reached*

Name:

Phone Number:

### Medical Information

Does your child(ren) have any medical condition of which we should be aware or require any medications that will need to be administered during summer camp?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:

### Authorized Adults For Pick-Up

List Names:

## Medical Care Understanding & Agreement

Pickens County Recreation Department makes every effort to ensure the safety of all our campers; however, in the unlikely event that a medical need arises, and we are unable to reach a parent, we request permission to seek appropriate medical help. This includes authorizing emergency medical procedures deemed necessary by medical personnel, approval for cost of medical treatment deemed necessary by medical personnel, and/or emergency transportation to the nearest medical facility.

Sign Name:

Print Name:

Date of Signature: