Pickens County Recreation Department

Summer Day Camp Registration

(2021)

copy of state or federal identification

	Child's name	Age	Date of birth
1.			
2.			
3.			
4.			

Parent/Guardian name(s) on state or federal identification card (authorized for pick-up of child(ren)):

_____ _____

parent/guardian name *parent/guardian name*

Address:_____

Street City State ZIP code

Contact numbers: Home _____ _____

Cell _____ _____

Work _____ _____

Emergency contact (other than parent/guardian) name on state or federal identification card (authorized for pick-up of child(ren)):

_____ _____

emergency contact name *emergency contact phone number (s)*

Does your child(ren) have any medical condition, documented or otherwise, that we should be aware of and/or requires medications that will need to be administered during camp? (please circle only one)

Yes No

If yes, please specify: _____

_____

Other authorized adults for pick-up of child(ren) (in addition to parents/guardians and emergency contact listed above) name(s) on state or federal identification card:

_____ _____

other authorized adult for pick-up name other authorized adult for pick-up name

_____ _____

other authorized adult for pick-up name *other authorized adult for pick-up name*

The Pickens County Recreation Department (PCRD) makes every effort to ensure the safety of all campers, however, in the event that a medical need arises, I both have the legal authority to grant and do hereby grant the PCRD permission to seek and authorize medical help for my child(ren), including authorizing emergency medical procedures. I assume full responsibility for the costs of such medical treatment and/or transportation to medical facilities.

Signature:_____ Date:_____