



CITY OF CHESTER  
PARKS & RECREATION



Phone Number: (803) 581-7429

Email: [swatts@chester.sc.gov](mailto:swatts@chester.sc.gov)

**2018 Summer Camp Registration Form**

*Please fill out separate forms for each child:*

Campers Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering 2017: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

***In case of emergency, if the parent or guardians cannot be reached, please list three additional people we can contact. These may NOT be the parents or guardians listed above:***

*Emergency Contact:* \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

*Emergency Contact:* \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

*Emergency Contact:* \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all individuals authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies/Medical Concerns/Medications (attach additional information if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please review the following and check each that apply, sign and date below to indicate your permission:

- Medical Release:** I authorize the Staff and Volunteers of the City of Chester to provide basic first aid or to call for additional care on my child’s behalf in the event of an emergency if I cannot be reached or when delay would be dangerous to my child’s health.
- Camp Walking:** I authorize the Staff and Volunteers of the City of Chester to take my child on walking field trips in the immediate vicinity of the Summer Camp location (i.e. Chester County Library, Swimming Pool, Putt-Putt course, Tennis Courts, Fire Department).
- Photo Release:** I authorize the City of Chester to take photographs and /or videos of my child while participating in the City’s Summer/Afterschool program. I understand that the City may use the photography and videos for internal and external purposes including (but not limited to) press releases, websites and city publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost of Program:**

**Non-refundable Registration Fee**

- \$20.00 for 1 Child
- \$30.00 for 2 Children
- \$40.00 for 3 Children

**Weekly Fee**

\$20.00 per Child

Field trips are planned for Summer Camp outside of the City of Chester. Each field trip will be a cost of \$10.00 per child (advance notice will be given).

\*T Shirt fee \$5.00 **Circle Size:** Youth SM MED L XL Adult SM MED L XL 1X 2X

Free lunch will be provided to each child. *It is encouraged that you send your child’s favorite drink or snack.*

**For all Campers and Swim Participants**

Please check the box that best describes your child’s swimming ability:

- |                                                                     |                                                             |
|---------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> No Swimming Experience                     | <input type="checkbox"/> Can Swim Around and Go Under Water |
| <input type="checkbox"/> Comfortable in Water with Flotation Device | <input type="checkbox"/> Knows Some Basic Strokes           |
| <input type="checkbox"/> Can Float ‘dog paddle’ Unassisted          | <input type="checkbox"/> Advanced Knowledge of Swim Strokes |

Please describe your child’s learning needs and styles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_