

2017 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 Numbers: Home _____
Cell _____
Work _____

Emergency Contact if parents/guardians cannot be reached.

Name: _____

Phone Number: _____

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

Yes No

If yes, please specify: _____

Authorized Adults For Pick-Up:

At PCRD we make 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, responsibility for cost of medical treatment deemed necessarily by medical personnel, and/or emergency transportation to the nearest medical facility.

Sign Here: _____