

YOUTH ENRICHMENT REGISTRATION FORM

CCRD Youth Enrichment offer a mix of fun and community values aimed to improve youth's (ages 6-15) well-being. Our activities are consisting of open gym, arts/crafts, game room, and nutrition. Cost is \$2 per 4 hours and \$5 per 8 hours daily. The Youth Activities start and end time is 8:00 AM to 5:00 PM, Monday – Friday.

Please type or print legibly. This form will give important information about participants and will be used to help determine placement.

Parent/Guardian Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone No: _____ Cell Phone: _____

E-Mail Address: _____

If you would like to receive email promotions from the Recreation Department, please check here

Participant Name	Birth Date	Age	Gender	Type of Recreation Program

AUTHORIZATION OF PICK-UP AND EMERGENCY CONTACT INFORMATION			
(Please no nicknames)			
Name	Address:	Cell:	Home phone no.: ()
What is the relationship to citizen?			

Late Fee Policy: All participants must be picked up no later than 5:00 PM daily and if a participants remains in the program over the 4 hour time slot, the 8 hour \$5 slot will apply. If participants are not picked up at 5:00 PM, a \$1 per minute late fee will be charged to the parent. If parents are later than 6:00 PM picking up their child(ren), there will be attempts to contact the parents. If parents are not contacted, the child will be turned over to the local police services.

Waiver/Release of All Claims: The Calhoun County Recreation Department requires a signed release covering child(ren) 17 and under in facilities and/or programs. Acceptance of the child(ren) is without assumption or responsibility of any kind by the Calhoun County Recreation Department, its sectional associates, committee or the management of any site in which the child(ren) may be entered or may participate. In consideration of the acceptance of my child(ren), I do hereby for and on behalf of child(ren) and my legal representatives release and forever discharge Calhoun County, its officers, committees, representatives, successors, agents, sponsors, supervisors, coaches, and instructors of and from any and all claims and damages, losses or injuries which may be suffered or sustained by my child(ren) in connection with the child(ren) activities during the period for which such permission is granted from the recreation facilities and/or program described, and all claims are hereby waived and released, and I do covenant not to sue therefore. I understand that my child/ren or I may be photographed or videotaped while participating in a Calhoun County Recreation service. I give permission for photos and video images of my child/ren or me to be used to promote the Calhoun County Recreation Department's recreation services. Such photos and video images remain the property of the Calhoun County Recreation Department.

Parent/Guardian Signature: _____ Date: __/__/__

NOTE: If registration fee is paid with check or money order, please make checks payable to Calhoun County. The payment can be mailed or delivered with application to the Recreation Office at: John Ford Community Center, 304 Agnes St. Rm101, St. Matthews, SC 29135