

Camp Registration Form

Lexington Leisure Center
108 Park Road
Lexington, SC 29072
957-7828 / 957-7829

Child's Name _____

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Child's Birthday _____/_____/_____ T-Shirt Size: YS YM YL AS AM AL AXL
(if applicable)

Home Phone _____ Work / Cell Phone _____

Camp Name _____ Camp Dates _____

WAIVER OF PARTICIPATION:

By signing this registration form, I assume all risks associated with participation in this activity including, effects of weather, equipments, condition of facilities all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, myself, and anyone entitled to act on my behalf, waive and release the Lexington County Recreation and Aging Commission and all sponsors, their representatives and successors participating or my child (or children) in this activity. I also understand my child's photo may be taken for use in camp or other promotional literature. I waive the right to inspect or approve the photo if used for such purposes. I have read and understood the above waiver of participation.

Signature _____ Date _____

Office Use Only:

Ck# _____ or Cash Staff _____ Date _____