

# Lexington County Recreation Summer Camps

Lexington County Recreation & Aging Commission

## Registration

March 21 For 2010-2011 After School Members  
March 28 For 2010 Summer Camp Members  
April 4 Open Registration & Waiting List begins at 6:15 pm

Registration will be taken at the individual Centers according to the registration schedule. A \$75 non-deductible, non-refundable registration fee is due at the time of registration. Weekly fees are due by Monday of each week campers attend. Outstanding balances must be paid in full prior to registration.

This summer we will have a new Counselor In Training (CIT) Program for rising 7th, 8th & 9th graders at the Lexington Leisure Center. The CIT's will be assisting Grades 1-4 with activities at the Leisure Center throughout the day. All CIT's will be under the direct supervision of Senior Counselors and Directors. We are very excited about this new program and are looking forward to a great summer!

*\* A Waiting List will be taken for age groups that reach maximum enrollment.*

## Lexington

108 Park Road \* 957-7828

Director: Justin Steele  
Days/Time: M-F; drop off 7:15 am; pick up by 6:00 pm; activities 9:00 am-5:00 pm.  
Cost: \$75 non-refundable registration fee per child.

**Grades 1-6:**

\$25/day or \$80/week per child.  
\$10 weekly discount for siblings 1-6.

## Tri-City

485 Brooks Avenue \* 939-9309

Director: Darius Suber  
Days/Time: M-F; drop off 7:15 am; pick up by 6:00 pm; activities 9:00 am-5:00 pm.  
Cost: \$75 non-refundable registration fee per child.

**Grades 1-6:**

\$25/day or \$80/week per child.  
\$10 weekly discount for siblings 1-6.



# Camp Information

## Facilities

The program is based at the Spires Recreation, Batesburg-Leesville, Lexington and Tri-City Leisure Centers. The program also utilizes many county parks, tennis courts, softball/soccer fields, sand volleyball courts, and playground areas. Local businesses and public/private facilities will also be used.

## Lunch & Afternoon Snack

Campers must bring their lunch every day. Refrigeration & microwave heating are not available. Canteen is available for snacks and drinks. A mid-afternoon snack and drink is provided.

## Clothing

Campers should wear appropriate clothing. Campers are required to wear camp t-shirts on all field trip days. Tennis shoes are mandatory. Flip-flops/open-toed shoes permitted on swim days only. Bathing suits, towels and sun screen will be needed on swim days (please send a change of clothes). Camper's name should be written on all items brought to camp. Do not bring valuables/personal items. Money should be kept on person or in a secure place. Lexington County Recreation and Aging Commission will not be held responsible for lost, stolen or damaged personal items.

## Payment & Fees

The required registration fee per child is non-deductible and non-refundable. This ensures that each camper enrolled in the program is covered by insurance. Insurance covering campers is a secondary policy and has a \$50 deductible. Weekly fees are due by Monday of each week campers attend. Balances 2 weeks overdue must be paid in full before camper(s) may return to camp. Any returned checks are processed through the Lexington County Solicitor's Office. If your camper is unable to attend a full week that you have registered for, please notify Camp Directors a minimum of 5 days prior to the week in writing so that you will not be charged.

## Drop-off & Pick-up

No camper may be dropped off prior to the camp start time. Campers must be accompanied by an adult to sign in each day. **Campers should arrive no later than 9:00 am.** All campers must be picked up by the camp closing time. A \$1 late charge per camper will be issued for every minute after the designated pick up time campers remain at the Center. In the event of an emergency, a phone call to Camp Directors may avoid this charge.

## Medical Information

Parents are responsible for notifying Camp Directors of any physical/mental/emotional conditions, special needs, medications, or any other general information regarding their camper(s). Medications may only be administered with a signed Medication Form on file.

## Camp T-Shirts

Camp t-shirts are included in your child(ren)'s registration fee. Campers are required to wear camp t-shirts on all field trips.

## Children with Special Needs

Parents of children with special needs must fill out an additional registration form and participate in an evaluation with our special needs consultant and program directors.

## Cell Phones, Electronic Devices & Social Networking

Campers are not permitted to bring cell phones or electronic devices to camp. We encourage parents to follow LCRAC on Facebook and Twitter; however, campers are not allowed to contact LCRAC staff by phone, text, email or on social networking sites. All requests made by campers to LCRAC staff will be denied. LCRAC directors will notify parents immediately if this occurs. Please make sure that your child(ren) understand and respect this policy.



# Registration

## Camper Information

**Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (Next School Year): \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL Movie Rating: G PG PG-13

**2nd Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (Next School Year): \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL Movie Rating: G PG PG-13

**3rd Camper's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (Next School Year): \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL Movie Rating: G PG PG-13

## Parent/Guardian Information

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

## Contact Information

Mother's Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact (**not parent**): \_\_\_\_\_ Home #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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# Registration

## Persons authorized to pick up camper(s)

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Everyone MUST present a photo ID in order to pick up camper(s).\*\*\***

### Please check the weeks your camper(s) plan to attend:

	June 6-10		July 5-8		August 1-5
	June 13-17		July 11-15		August 8-12
	June 20-24		July 18-22		August 15-16
	June 27-July 1		July 25-29		

### Please initial the statements below

- \_\_\_\_\_ I have received a copy of the camp program handbook which includes the discipline policy. I have read it and agree to adhere to it.
- \_\_\_\_\_ I understand that LCRAC does not administer corporal punishment.
- \_\_\_\_\_ I understand that my camper(s) is covered with secondary insurance (\$50.00 deductible).
- \_\_\_\_\_ I give LCRAC permission to transport my camper(s) on Leisure Center approved field trips.
- \_\_\_\_\_ I give LCRAC permission to take my camper(s) swimming.
- \_\_\_\_\_ I understand that if I get more than 2 weeks behind in payments, my camper may not return until the account balance is paid in full.
- \_\_\_\_\_ I understand that my camper(s) photo may be taken for use in promotional literature. I waive the right to inspect or approve the photo if used for such purposes.
- \_\_\_\_\_ I understand that any medications that must be administered to my camper require a Medication Form signed by a parent or guardian.

### Waiver

I certify that my child is able to participate and hereby give my approval for the above-named camper(s) to participate in any and all camp activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation and Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby authorize for medical treatment. By signing below, I assume all responsibilities for charges incurred on my camper(s) account.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee Must Accompany Completed Application  
Prior Balances Must Be Paid in Full Before Registering  
Weekly Fees Due Monday of Each Week**

