

# Lexington County Recreation

## Summer Camps

Lexington County Recreation & Aging Commission

### Registration

March 22 For 2009-2010 After School Members  
March 29 For 2009 Summer Camp Members  
April 5 Open Registration and Waiting List \*  
*Beginning at 6pm at Lexington and Tri-City.  
During operational hours at Batesburg-Leesville and Spires.*

Registration will be taken at the individual Centers according to the registration schedule. A \$25 non-deductible, non-refundable registration fee and the first week's fee are required for registration of each 2009 Summer Camp Member. Any outstanding balances must be paid in full prior to registration.

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

#### Batesburg-Leesville

227 Highland Avenue \* 532-3810

Director: Rachael Miles  
Asst. Dir: Cynthia Coleman & Chancie Frick  
Days/Time: M-F; drop off 6:30 am; pick up by 6:00 pm; activities 9:00 am-5:00 pm.  
Cost: \$25 non-refundable registration fee per child.

**Grades K-5:**

\$24/day or \$75/wk per child.  
\$10 weekly discount for siblings K-5.

**Grades 6-9:**

\$17/day or \$50/wk per child.  
*Rates Do Not Include Field Trip Costs.*

#### Spires

1500 Dunbar Road \* 791-1361

Director: Betty Gortman  
Days/Time: M-F; drop off 8:00 am; pick up by 5:00 pm; activities 10:00 am-3:00 pm.  
Cost: \$25 non-refundable registration fee per child.  
\$8/day or \$35/wk per child.

#### Lexington

108 Park Road \* 957-7828

Director: Justin Steele  
Days/Time: M-F; drop off 7:30 am; pick up by 6:00 pm; activities 9:00 am-5:00 pm.  
Cost: \$25 non-refundable registration fee per child.

**Grades 1-6:**

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

**Grades 7-9:**

\$25/day or \$55/wk per child  
*Rates Do Not Include Field Trip Costs.*

#### Tri-City

485 Brooks Avenue \* 939-9309

Director: Will Rabieh  
Asst. Director: Kayla Miller  
Days/Time: M-F; drop off 7:30 am; pick up by 6:00 pm; activities 9:00 am-5:00 pm.  
Cost: \$25 non-refundable registration fee per child.

**Grades 1-6:**

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

**Grades 7-9:**

\$25/day or \$55/wk per child.  
*Rates Do Not Include Field Trip Costs.*



# 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 such as Camp Kinard, Maxie Gregg Pool, and Edenwood Swim Club will also be used.

## Lunch

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 of \$25 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.

One week's fee for all campers will be due in addition at the time of registration. 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 FARS (Federal Automated Recovery Systems).

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.



# 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: \_\_\_\_\_

\* Please check the above boxes to subscribe to receive text messages with need-to-know information pertaining to our program. Service provided by Simry. Standard text messaging rates apply.\*



# 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 7-11      |  | July 5-9   |  | August 2-6   |
|  | June 14-18     |  | July 12-16 |  | August 9-13  |
|  | June 21-25     |  | July 19-23 |  | August 16-17 |
|  | June 28-July 2 |  | July 26-30 |  |              |

### 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 and One Week's Fee Must Accompany Completed Application  
Prior Balances Must Be Paid in Full Before Registering.**

