



Port Wentworth Department of Leisure Services Youth

Summer Fun Registration Form



Age: _____ Date of Birth: ____/____/____ Sex: M / F

Participant Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Daytime Phone: _____

Mother's Name: _____ Daytime Phone: _____

Health Concerns: _____

Contact e-mail for family: _____

I agree to abide by the rules set forth by the City of Port Wentworth Department of Leisure Services.

I hereby certify that my child is in good health and capable of participating in this program. I understand that injuries may occur in the course of the activity and also understand that the City of Port Wentworth does not carry supplemental insurance. I also understand that there will be a counselor working with the campers daily and that my child will be expected to follow the rules set forth by the counselors.

I understand that Port Wentworth's Summer Fun program is a half day program that starts at 9AM and concludes at 12PM on Monday, Tuesday and Thursday of the weeks that are listed. I agree to have my child at the prescribed drop off point no earlier than 9AM and will arrange for pick-up by 12PM on these dates. I further understand that failure to abide by these rules or any other rules set forth by the City of Port Wentworth Department of Leisure Services may result in my child being unable to continue to participate in the remainder of the program. I also agree to inform the camp staff of anyone other than my child's parents picking him/her up from the camp.

Camp Dates that plan on attending – this is not binding, it is to assist with staffing

Week 1 ___ June 14 ___ June 15 ___ June 17

Week 2 ___ June 21 ___ June 22 ___ June 24

Week 3 ___ June 28 ___ June 29 ___ July 1

Week 4 ___ July 12 ___ July 13 ___ July 15

Week 5 ___ July 26 ___ July 27 ___ July 29

Week 6 ___ August 2 ___ August 3 ___ August 5

Parents Signature _____ Date ____/____/____